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# Healthcare Council

**Tuesday, January 23, 2007  
1:00 PM - 4:00 PM  
Morris Hall**

**Marco Rubio  
Speaker**

**Aaron Bean  
Chair**

# Council Meeting Notice

## HOUSE OF REPRESENTATIVES

**Speaker Marco Rubio**

### Healthcare Council

**Start Date and Time:** Tuesday, January 23, 2007 01:00 pm  
**End Date and Time:** Tuesday, January 23, 2007 04:00 pm  
**Location:** Morris Hall (17 HOB)  
**Duration:** 3.00 hrs

Chair's Opening Remarks

Budget Background

- Overview of HHS Base Budget
- CBC Funding Allocations
- AHCA Budget Recommendations
- DCF Budget Recommendations

Discussion of Tobacco Amendment

Discussion of Idea #87 - Marketplace of Affordable Health Care

Adjournment

**NOTICE FINALIZED on 01/16/2007 16:13 by BAI**

# **Overview of HHS Base Budget**

**Stephanie Massengale, Budget Chief  
Healthcare Council**

# Agency for Health Care Administration

- Administration & Support
- Children's Special Health Care
  - Statewide Children's Health Insurance Program
- Medicaid Executive Direction & support
- Medicaid Services
- Health Care Regulation
  - Health Care Facilities Regulation
  - Certificate of Need
  - Organ Donor Program

# Agency for Persons with Disabilities

- Program Management & Compliance
- Home and Community Services
  - Home & Community Based Waiver
  - Individual & Family Supports
  - Room & Board Payments
- Developmental Disabilities Public Facilities
  - Sunland (Mariana); Tacachale (Gainesville); Gulf Coast Center (Ft. Myers); Mentally Retarded Defendant Program (Chattahoochee)

# Department of Children & Family Services

- Family Safety Program
  - Child Care Facilities Regulation
  - Adult Protection
  - Child Abuse Prevention & intervention
  - Child Protection & Permanency
  - Florida Abuse Hotline
- Mental Health Program
  - Violent Sexual Predator Program
  - Adult Community Mental Health Services
  - Children's Mental Health Services
  - Program Management & compliance
- Adult Mental Health Treatment Facilities
  - Substance Abuse Programs
    - Child Substance Abuse Prevention, Evaluation & Treatment Services
    - Adult Substance Abuse Prevention, Evaluation & Treatment Services
  - Program Management & Compliance
  - Economic Self Sufficiency Program
    - Eligibility Determination
    - Fraud Prevention & Benefit Recovery
    - Special Assistance Payments
    - Refugee Assistance
    - Program Management & Compliance

# Department of Children & Family Services

(continued)

- Executive Direction & Support
- Information Technology
- Administration
- District Administration

# Department of Elder Affairs

- Comprehensive Assessment and Review for Long Term Care Services (CARES)
- Executive Direction & Support
- Consumer Advocate Services
  - Long Term Care Ombudsman
  - Statewide Public Guardianship
- Home & Community Services
  - Home & Community Based Waivers
  - Community Care for the Elderly (CCE)
  - Home Care for the Elderly (HCE)
  - Older Americans Act (OAA) Programs
  - Alzheimer's Disease Projects/Services
  - Local Service Programs



# Department of Health

- Executive Direction & Support
- Information Technology
- Community Public Health
  - Family Health Services
  - Infectious Disease Control
  - Environmental Health Services
  - County Health Departments
  - Statewide Public Health
- Children's Medical Services
  - CMS Networks
  - Early Steps Program
  - Medical Services to Abused/Neglected Children
  - Poison Control Centers
- Disability Determination
- Health Care Practitioner & Access
  - Medical Quality Assurance
  - Community Health Resources

# Department of Veterans' Affairs

- Executive Direction & Support
- Veterans' Homes
  - Nursing Homes – Daytona Beach, Land O' Lakes, Pembroke Pines, Springfield, Port Charlotte
  - Domiciliary – Lake City
- Veterans' Benefits & Assistance

FISCAL YEAR 2007/2009 BASE BUDGET

Line #	D3A Issue	D3A Issue Title	FTE	SALARY RATE	GENERAL REVENUE	TOBACCO	OTHER TRUST FUNDS	ALL FUNDS	Line #
1	AGENCY/HEALTH CARE ADMIN								1
2	AGENCY/HEALTH CARE ADMIN								2
3	1001000	ESTIMATED EXPENDITURES - OPERATIONS	1,710.50	72,702.195	4,852,159,350	170,314,108	11,581,242,001	16,603,715,459	3
4	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06			299,570		1,135,784	1,435,354	4
5	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007			53,332		197,266	250,598	5
6	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE			1,502		47,134	48,636	6
7	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006		2,148,962	397,129		1,499,148	1,896,277	7
8	1004080	SALARY INCREASES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES		28,981	1,074		24,499	25,573	8
9	160C080	FLORIDA STATE FIRE SERVICES - EFFECTIVE 10/01/2006							9
10	160E010	RISK MANAGEMENT INSURANCE REALIGNMENT			75,795		208,968	284,763	10
11	160E020	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - DEDUCT			(4,308,082)		(12,921,453)	(17,229,535)	11
12	160T000	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - ADD			4,308,082		12,921,453	17,229,535	12
13	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION			56,917		631,152	688,069	13
14	160T1400	TRANSFER CHOICE COUNSELING/OPTION ENROLLMENT BROKER POSITIONS FROM HEALTHCARE REGULATION TO MEDICAID -DEDUCT	(2.00)	(83,266)	(34,171)		(101,277)	(135,448)	14
15	160T1410	TRANSFER CHOICE COUNSELING/OPTION ENROLLMENT BROKER POSITIONS FROM HEALTHCARE REGULATION TO MEDICAID -ADD	2.00	83,266	34,171		101,277	135,448	15
16	2103032	DOCUMENT MANAGEMENT SYSTEM					(304,975)	(304,975)	16
17	2103091	REPLACEMENT OF AGING NETWORK SWITCHES					(354,843)	(354,843)	17
18	2103092	FLORIDA HEALTH INFORMATION NETWORK			(2,005,220)			(2,005,220)	18
19	2103093	KIDCARE OUTREACH MATCHING GRANT PROGRAM			(1,000,000)			(1,000,000)	19
20	2103094	BEHAVIORAL HEALTH MANAGED CARE STAFF INCREASE			(3,915)		(3,915)	(7,830)	20
21	2103095	INCREASE STAFF IN MEDICAID HEALTH SYSTEMS DEVELOPMENT			(4,010)		(4,010)	(8,020)	21
22	2103096	MEDICAID FISCAL AGENT TRANSITION					(9,100,451)	(9,100,451)	22
23	2103097	PRESCRIPTION BENEFITS FOR LOW AND MODERATE INCOME MEDICARE RECIPIENTS			(851,984)			(851,984)	23
24	2103098	RURAL HEALTH NETWORKS			(600,000)			(600,000)	24
25	2103099	ACADEMIC DETAILING			(4,800)		(4,800)	(9,600)	25
26	26A2800	CENTER FOR HEALTH CARE RACIAL DISPARITIES				(200,000)		(200,000)	26
27	26A4010	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION			159,996		591,798	751,794	27
28	26A4010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - 3 MONTH ANNUALIZATION			132,376		499,715	632,091	28
29	26A4010	SALARY INCREASES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES			358		8,166	8,524	29
30	26A4080	FLORIDA STATE FIRE SERVICES - 3 MONTH ANNUALIZATION							30
31	AGENCY/HEALTH CARE ADMIN Total		1,710.50	74,880,138	4,848,867,470	170,114,108	11,576,312,637	16,595,294,215	31
32	AGENCY/PERSONS WITH DISABIL								32
33	1001000	ESTIMATED EXPENDITURES - OPERATIONS	3,703.00	117,538,563	437,050,869	22,609,461	625,069,004	1,084,729,334	33
34	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06			1,163,084		1,047,099	2,210,183	34
35	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007			262,492		245,931	508,423	35
36	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE			26,512		23,343	49,855	36
37	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006		3,307,700	1,533,835		1,390,703	2,924,538	37
38	1004080	SALARY INCREASES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES		1,396	1,346			1,346	38
39	1004130	FLORIDA STATE FIRE SERVICES - EFFECTIVE 10/01/2006							39
40	160C080	RETENTION - SECURITY SERVICES BARGAINING UNIT MEMBERS AND NON-MEMBERS - EFFECTIVE 10/01/2006			3,302			3,302	40
41	160E030	RISK MANAGEMENT INSURANCE REALIGNMENT			(2,867,289)		(781,016)	(3,648,305)	41
42	160E030	BACK OUT CONTRACTUAL SERVICES BUDGET FROM EXPENSES			(1,392,960)		(786,849)	(2,179,809)	42
43	160E040	ADD BACK CONTRACTUAL SERVICES BUDGET TO A CONTRACTED SERVICES CATEGORY			1,392,960		786,849	2,179,809	43
44	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION			168,763		39,782	208,545	44

FISCAL YEAR 2007/2009 BASE BUDGET

44	1600500	ADD - ADJUSTMENT TO CURRENT YEAR ESTIMATED EXPENDITURES REALIGNMENT STAFFING	37.00	1,539,261	1,376,108	1,038,560	2,414,668	44
45	1600600	DEDUCT - ADJUSTMENT TO CURRENT YEAR EXPENDITURES REALIGNMENT STAFFING (DSI)	(37.00)	(1,539,261)	(1,376,108)	(1,038,560)	(2,414,668)	45
46	1800610	TRANSFER TO CONTINUE FY06-07 COMMUNITY PLACEMENTS - ADD			1,101,108	1,568,893	2,670,001	46
47	1800620	TRANSFER TO CONTINUE FY06-07 COMMUNITY PLACEMENTS - DEDUCT		(2,268,023)	(1,101,108)	(1,568,893)	(2,670,001)	47
48	2103002	CREATE PROGRAM BUDGET - DEDUCT				9,306,315	9,306,315	48
49	2103003	DEVELOPMENTAL SERVICES				(2,935,738)	(2,935,738)	49
50	2103004	MEDICAID INFRASTRUCTURE GRANT (MIG)				(250,000)	(250,000)	50
51	2103005	SYSTEM REWRITE AND INFRASTRUCTURE ENHANCEMENTS				(4,214,772)	(4,214,772)	51
52	2103006	CONSUMER DIRECTED CARE PLUS (CDC+) APPLICATION MIGRATION				(1,905,805)	(1,905,805)	52
53	2103007	CREATE PROGRAM BUDGET - ADD				(9,306,315)	(9,306,315)	53
54	26A2800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION			787,476	737,793	1,525,269	54
55	26A4010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - 3 MONTH ANNUALIZATION			511,279	463,567	974,846	55
56	26A4080	FLORIDA STATE FIRE SERVICES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES			449		449	56
57	26A4130	RETENTION - SECURITY SERVICES BARGAINING UNIT MEMBERS & NON-UNIT MEMBERS - 3 MONTH ANNUALIZATION			1,101		1,101	57
58		<b>AGENCY/PERSONS WITH DISABL Total</b>	<b>3,703.00</b>	<b>118,583,298</b>	<b>438,643,219</b>	<b>618,929,891</b>	<b>1,080,182,571</b>	<b>58</b>
60								<b>60</b>
61		<b>CHILDREN &amp; FAMILY SERVICES</b>						<b>61</b>
62	1001000	ESTIMATED EXPENDITURES - OPERATIONS	13,528.00	499,996,560	1,477,822,434	1,280,661,193	2,912,049,837	62
63	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06			5,290,473	4,277,790	9,568,263	63
64	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007			1,098,362	889,122	1,987,484	64
65	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE			287,316	57,304	344,620	65
66	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006		14,926,449	7,442,361	5,971,924	13,414,285	66
67	1004030	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES CHILD PROTECTIVE INVESTIGATORS - EFFECTIVE 10/01/2006		757,579	669,082		669,082	67
68	1004040	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES ABUSE REGISTRY EMPLOYEES - EFFECTIVE 10/01/2006		758,557	669,315		669,315	68
69	1004050	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES ADULT PROTECTION INVESTIGATORS - EFFECTIVE 10/01/2006		1,582,337	1,048,492	349,497	1,397,989	69
70	1004080	SALARY INCREASES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES		34,902	22,240	11,046	33,286	70
71	1004130	FLORIDA STATE FIRE SERVICES - EFFECTIVE 10/01/2006		71,872	64,860	2,708	67,568	71
72	160CAS0	RETENTION - SECURITY SERVICES BARGAINING UNIT MEMBERS AND NON-MEMBERS - EFFECTIVE 10/01/2006			1,402,599	(466,185)	936,414	72
73	160E100	RISK MANAGEMENT INSURANCE REALIGNMENT			1,554,296	1,702,614	3,256,910	73
74	160E110	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET FROM EXPENSE TO SPECIAL CATEGORY PURSUANT TO SENATE BILL 2610 - ADD			(1,554,296)	(1,702,614)	(3,256,910)	74
75	160F500	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET FROM EXPENSE TO SPECIAL CATEGORY PURSUANT TO SENATE BILL 2610 - DEDUCT				43,680	43,680	75
76	160F510	REALIGN BUDGET AUTHORITY FOR EMERGENCY FINANCIAL HOUSING ASSISTANCE PROGRAM - DEDUCT				(43,680)	(43,680)	76
77	160F520	TRANSFER OPTIONAL STATE SUPPLEMENTATION TO PERSONAL CARE ALLOWANCE CATEGORY - ADD		30,000			30,000	77
78	160F530	TRANSFER OPTIONAL STATE SUPPLEMENTATION TO PERSONAL CARE ALLOWANCE CATEGORY - DEDUCT		(30,000)			(30,000)	78
79	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION			1,807,123	820,034	2,627,157	79
80	1600200	THE FISCAL MONITORING PROJECT AND TRAINING IN FAMILY SAFETY - ADD			2,696,702	4,620,279	7,316,981	80
81	1600210	THE FISCAL MONITORING PROJECT AND TRAINING IN FAMILY SAFETY - DEDUCT	(18.00)	(752,580)	(2,696,702)	(4,620,279)	(7,316,981)	81
82	1600220	REALIGN BUDGET BY FUND WITHIN THE DEPARTMENT AS REQUIRED BY 2006-2007 GENERAL APPROPRIATIONS ACT - ADD		57,773,531	42,883,658	71,476,904	114,360,562	82

FISCAL YEAR 2007/2009 BASE BUDGET

83	1600230	REALIGN BUDGET BY FUND WITHIN THE DEPARTMENT AS REQUIRED BY 2006-2007 GENERAL APPROPRIATIONS ACT - DEDUCT	(58,695,891)	(42,883,658)	(71,476,904)	(114,360,562)	83
84	1600240	TRANSFER BUDGET TO GRANTS AND AIDS COMMUNITY BASED CARE FUNDS FOR PROVIDERS OF CHILD WELFARE SERVICES AND REALIGN TRAINING BUDGET -ADD		10,488,041	12,827,099	25,270,198	84
85	1600250	TRANSFER BUDGET TO GRANTS AND AIDS COMMUNITY BASED CARE FUNDS FOR PROVIDERS OF CHILD WELFARE SERVICES AND REALIGN TRAINING BUDGET - DEDUCT	(10,000)	(10,488,041)	(12,827,099)	(25,270,198)	85
86	1600260	TRANSFER APPROPRIATION FOR FOSTER CARE BOARD RATE INCREASE FROM LUMP SUM TO OPERATING CATEGORY - ADD		4,373,663	2,132,827	6,506,490	86
87	1600270	TRANSFER APPROPRIATION FOR FOSTER CARE BOARD RATE INCREASE FROM LUMP SUM TO OPERATING CATEGORY - DEDUCT		(4,373,663)	(2,132,827)	(6,506,490)	87
88	1600280	TRANSFER CONTRACT BUDGET FOR PITNEY BOWES - ADD		138,568		138,568	88
89	1600290	TRANSFER CONTRACT BUDGET FOR PITNEY BOWES - DEDUCT		(138,568)		(138,568)	89
90	2103074	COMMUNITY BASED CARE - SHARED INSURANCE PROGRAM			(3,000,000)	(3,000,000)	90
91	2103093	REPLACE ALCOHOL DRUG ABUSE AND MENTAL HEALTH TRUST FUND WITH GENERAL REVENUE - ADD		(1,399,245)		(1,399,245)	91
92	2103094	ADULT MENTAL HEALTH		(2,949,819)	(4,050,000)	(6,999,819)	92
93	2103095	CHILD MENTAL HEALTH			(100,000)	(100,000)	93
94	2103097	CHILD SUBSTANCE ABUSE		(550,000)	(150,000)	(700,000)	94
95	2103098	ADULT SUBSTANCE ABUSE		(400,000)	(150,000)	(550,000)	95
96	2103100	FLORIDA SACWIS SYSTEM		(994,784)		(5,361,272)	96
97	2103101	SUPPLEMENTAL SOCIAL SERVICES BLOCK GRANT FUNDING FOR REPAIRS TO HEALTH AND MENTAL HEALTH FACILITIES AS A RESULT OF THE 2005 STORMS			(23,508,916)	(23,508,916)	97
98	2103102	PERSONAL CARE ATTENDANT PILOT PROGRAM		(400,000)		(400,000)	98
99	2103103	HILLSBOROUGH COUNTY SHERIFF FULL IMPLEMENTATION		(2,411,495)		(2,411,495)	99
100	2103104	SUNCOAST REGION LEAVE PAY-OUT FOR HILLSBOROUGH SHERIFF TRANSFER		(655,755)		(655,755)	100
101	2103105	CITRUS COUNTY SHERIFF START-UP FUNDING		(500,000)		(500,000)	101
102	2103106	HB 7173 - CREATES THE OFFICE OF CHILD ABUSE PREVENTION WITHIN THE EXECUTIVE OFFICE OF THE GOVERNOR		(20,972)		(20,972)	102
103	2103107	HURRICANES 2005			(4,250,000)	(4,250,000)	103
104	2103120	CHILD WELFARE INITIATIVES		(525,000)	(350,000)	(875,000)	104
105	2103221	SHARED RISK PROGRAM			(7,500,000)	(7,500,000)	105
106	2103234	MENTAL HEALTH FEDERAL GRANT AWARDS			(14,316,459)	(14,316,459)	106
107	2103235	REALIGN CATEGORIES AND POSITIONS WITHIN ECONOMIC SELF-SUFFICIENCY PROGRAM - ADD			(4,420,516)	(4,420,516)	107
108	2103236	HOMELESS COALITIONS		(319,019)		(319,019)	108
109	2103237	HOMELESS HOUSING ASSISTANCE		(100,000)	(2,000,000)	(2,000,000)	109
110	2103238	HOMELESS		(645,333)		(645,333)	110
111	2103239	MENTAL HEALTH FORENSIC BEDS					111
112	2103240	SOUTH FLORIDA EVALUATION AND TREATMENT CENTER INCREASED BED CAPACITY			(2,000,000)	(2,000,000)	112
113	26A2800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION		3,295,086	2,667,366	5,962,452	113
114	26A4010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - 3 MONTH ANNUALIZATION		2,480,788	1,990,641	4,471,429	114
115	26A4030	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES CHILD PROTECTIVE INVESTIGATORS - 3 MONTH ANNUALIZATION		223,027		223,027	115
116	26A4040	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES ABUSE REGISTRY EMPLOYEES - 3 MONTH ANNUALIZATION		223,105		223,105	116
117	26A4050	SALARY INCREASES - DEPARTMENT OF CHILDREN AND FAMILIES ADULT PROTECTION INVESTIGATORS - 3 MONTH ANNUALIZATION		349,497	116,499	465,996	117
118	26A4080	SALARY INCREASES - DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES FLORIDA STATE FIRE SERVICES - 3 MONTH ANNUALIZATION		7,413	3,682	11,095	118
119	26A4130	RETENTION - SECURITY SERVICES BARGAINING UNIT MEMBERS & NON-UNIT MEMBERS - 3 MONTH ANNUALIZATION		21,620	903	22,523	119
120	2600650	ADULT PROTECTION WORKLOAD INCREASE ANNUALIZATION		337,080	112,360	449,440	120

FISCAL YEAR 2007/2009 BASE BUDGET

121	2603000	ANNUALIZE FUNDING FOR THE MENTAL HEALTH TREATMENT FORENSIC BED CAPACITY								1,978,834			1,978,834	121
122	CHILDREN & FAMILY SERVICES Total		13,500.00	516,136,766	1,494,669,685	146,766,210	1,234,103,505						2,875,539,400	122
124														124
125	ELDER AFFAIRS, DEPT OF													125
126	1001000	ESTIMATED EXPENDITURES - OPERATIONS	411.50	16,453,605	136,408,528	26,429,633	219,187,990						382,026,151	126
127	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06			104,503		227,778						332,281	127
128	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007			17,867		40,406						58,273	128
129	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE			21,744		7,248						28,992	129
130	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006			490,900		297,844						433,509	130
131	160A050	REALIGNMENT OF RATE BETWEEN BUDGET ENTITIES - ADD			32,019									131
132	160A060	REALIGNMENT OF RATE BETWEEN BUDGET ENTITIES - DEDUCT			(32,019)									132
133	160CAS0	RISK MANAGEMENT INSURANCE REALIGNMENT			80,502		9,189						89,691	133
134	160E100	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - ADD			218,015		769,641						987,656	134
135	160E110	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - DEDUCT			(218,015)		(769,641)						(987,656)	135
136	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION			62,739		171,566						234,305	136
137	1602010	ADDITIONAL BUDGET AUTHORITY FOR THE EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAEP) - ADD					854,327						854,327	137
138	2103006	COMPREHENSIVE ASSESSMENT AND REVIEW OF LONG TERM CARE SERVICES			(23,580)		(70,794)						(94,374)	138
139	2103042	ALZHEIMER'S DISEASE PROJECTS/ SERVICES			(700,000)		(550,000)						(1,250,000)	139
140	2103045	CONSUMER DIRECTED CARE PLUS PROGRAM			(571,393)		(5,243)						(576,636)	140
141	2103046	AGING RESOURCE CENTERS			(3,000,000)								(3,000,000)	141
142	2103047	LOCAL SERVICES PROGRAMS			(225,000)		(1,084,000)						(1,309,000)	142
143	26A2800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION			53,601		121,218						174,819	143
144	26A4010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - 3 MONTH ANNUALIZATION			45,222		99,281						144,503	144
145	ELDER AFFAIRS, DEPT OF Total		411.50	16,944,505	132,410,398	24,795,633	220,940,810						378,146,841	145
147														147
148	HEALTH, DEPT OF													148
149	1001000	ESTIMATED EXPENDITURES - OPERATIONS	3,145.50	122,803,433	551,414,442	61,714,588	1,862,255,213						2,475,384,243	149
150	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06			9,743,174		11,395,600						21,138,774	150
151	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007			1,890,328		2,199,851						4,090,179	151
152	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE			47,338		164,871						212,209	152
153	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006			3,660,755		14,927,065						27,670,305	153
154	160CAS0	RISK MANAGEMENT INSURANCE REALIGNMENT			(149,491)		991,636						842,145	154
155	160E010	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - DEDUCT TO EXPENSES			(1,464,443)		(60,058,579)						(61,523,022)	155
156	160E020	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - ADD TO SPECIAL CATEGORY			1,464,443		60,058,579						61,523,022	156
157	160F070	TRANSFER FUNDS FROM ADMINISTRATIVE SUPPORT, EXPENSES CATEGORY			(250,000)								(250,000)	157
158	160F080	TRANSFER FUNDS TO ADMINISTRATIVE SUPPORT, OTHER PRSONAL SERVICES CATEGORY FOR ONGOING COMMITMENTS			250,000								250,000	158
159	160F130	TRANSFER BETWEEN APPROPRIATION CATEGORIES - COMMUNITY HEALTH RESOURCES - DEDUCT					(120,000)						(120,000)	159
160	160F140	TRANSFER BETWEEN APPROPRIATION CATEGORIES - COMMUNITY HEALTH RESOURCES - ADD					120,000						120,000	160
161	160S030	COUNTY HEALTH DEPARTMENT FUNDING - DEDUCT					(2,066,540)						(2,066,540)	161
162	160S040	COUNTY HEALTH DEPARTMENT FUNDING - ADD					2,066,540						2,066,540	162
163	160S110	PLANNING AND EVALUATION TRUST FUND REVIEW - DEDUCT					(10,026,843)						(10,026,843)	163
164	160S120	PLANNING AND EVALUATION TRUST FUND REVIEW - ADD					10,026,843						10,026,843	164
165	160S130	BRAIN AND SPINAL CORD INJURY TRUST FUND REVIEW - DEDUCT					(5,186,905)						(5,186,905)	165
166	160S140	BRAIN AND SPINAL CORD INJURY TRUST FUND REVIEW - ADD					5,186,905						5,186,905	166
167	160S150	GENERAL REVENUE FUND REVIEW-DEDUCT			(29,318,504)								(29,318,504)	167
168	160S160	GENERAL REVENUE FUND REVIEW-ADD			29,318,504								29,318,504	168
169	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION			204,532		2,926,405						3,130,937	169
170	2103020	DEPARTMENT OF HEALTH SPECIAL PROJECTS			(1,050,000)		(535,000)						(5,385,000)	170

FISCAL YEAR 2007/2009 BASE BUDGET

171	2103021	RESTORE AHEC FUNDING				(700,000)																(700,000)	171					
172	2103023	WOMEN'S AND CHILDREN'S WELLNESS INFORMATION TECHNOLOGY PROJECTS																				(200,000)	(200,000)	172				
173	2103024	RAPE CRISIS CENTERS																				(600,000)	(600,000)	173				
174	2103025	WOMEN'S AND CHILDREN'S WELLNESS PROJECTS																				(6,634,675)	(6,634,675)	174				
175	2103080	ABSTINENCE EDUCATION PROGRAM																				(1,500,000)	(1,500,000)	175				
176	2103123	INFORMATION TECHNOLOGY INFRASTRUCTURE																				(2,973,643)	(2,973,643)	176				
177	2103138	PREGNANCY SUPPORT SERVICES PROGRAM																				(2,000,000)	(2,000,000)	177				
178	2103139	RESTORE SCHOOL HEALTH SERVICES																				(1,000,000)	(1,000,000)	178				
179	2103140	HISPANIC OBESITY PREVENTION AND EDUCATION PROGRAM																				(2,500,000)	(2,500,000)	179				
180	2103141	HEALTHY LIFESTYLES (SB 1324-2006 SESSION)																				(1,900)	(1,900)	180				
181	2103142	DENTAL - COUNTY HEALTH DEPARTMENT																				(1,953,695)	(1,953,695)	181				
182	2103143	HEALTHY PROMOTION / HEALTHY FLORIDA INITIATIVES - COUNTY HEALTH DEPARTMENT																				(4,145,295)	(4,145,295)	182				
183	2103144	TOBACCO USE PREVENTION - COUNTY HEALTH DEPARTMENT																				(566,644)	(566,644)	183				
184	2103145	FLORIDA VITAL STATISTICS																				(372,000)	(372,000)	184				
185	2103146	PRESCRIPTION DRUGS (HB 371-2006 SESSION)																				(1,900)	(1,900)	185				
186	2103147	CHILDRENS MEDICAL SERVICES DEVELOPMENT AND INTEGRATION PROJECT																				(565,072)	(565,072)	186				
187	2103148	INTERVENTION PROGRAM FOR NURSES (IPN)																				(75,000)	(75,000)	187				
188	2103149	TOBACCO AWARENESS/USE REDUCTION PROGRAM																				(2,600,000)	(2,600,000)	188				
189	26A2800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION																				5,599,553	12,270,537	189				
190	26A4010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - 3 MONTH ANNUALIZATION																				4,247,746	9,223,438	190				
191	2607400	ANNUALIZATION OF HB 371																				13,075	13,075	191				
192	HEALTH, DEPT OF Total																					3,145.50	126,464,188	53,314,588	192			
194																								194				
195	VETERANS' AFFAIRS, DEPT OF																							195				
196	1001000	ESTIMATED EXPENDITURES - OPERATIONS																				646.50	20,002,243	12,033,974	196			
197	1002100	FLORIDA RETIREMENT SYSTEM CONTRIBUTION ADJUSTMENT FOR FY 2006-07 - EFFECTIVE 07/01/06																				128,269	268,186	197				
198	1002800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - EFFECTIVE 04/01/2007																				23,793	66,200	89,993	198			
199	1003000	DEPARTMENT OF MANAGEMENT SERVICES RENT INCREASE																				3,671	4,546	8,217	199			
200	1004010	SALARY INCREASES FOR FY 2006-07 - STATEWIDE - EFFECTIVE 10/01/2006																				590,369	169,201	520,947	200			
201	160A020	TRANSFER POSITIONS BETWEEN PROGRAM COMPONENTS - ADD																				1.00	103,000	129,107	129,107	201		
202	160A030	TRANSFER POSITIONS BETWEEN PROGRAM COMPONENTS - DEDUCT																				(1.00)	(103,000)	(129,107)	(129,107)	202		
203	160CAS0	RISK MANAGEMENT INSURANCE REALIGNMENT																				(19,435)	(70,980)	(90,415)	203			
204	160E010	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - DEDUCT																				(132,296)	(5,878,384)	(6,010,680)	204			
205	160E020	REALIGNMENT OF CONTRACTUAL SERVICES BUDGET - ADD																				132,296	5,878,384	6,010,680	205			
206	160T000	PER DIEM, MEAL AND MILEAGE INCREASE ALLOCATION																				22,695	30,770	53,465	206			
207	2103023	STATE NURSING HOME REPLACEMENT EQUIPMENT - OPERATING CAPITAL OUTLAY (OCO) CATEGORY																					(41,500)	(41,500)	207			
208	2103026	STATE VETERANS' NURSING HOME PROGRAM PURCHASE OF MOTOR VEHICLE																					(18,000)	(18,000)	208			
209	2103027	PURCHASE OF MOTOR VEHICLE																				(22,000)	(22,000)	209				
210	2103028	CHIEF OF STAFF																				(5,243)	(5,243)	210				
211	2103029	INFORMATION TECHNOLOGY BASE BUDGET INCREASE																				(360,855)	(360,855)	211				
212	2103030	VIETNAM WAR MUSEUM																				(100,000)	(100,000)	212				
213	2103031	DIGITAL ID CARD SYSTEM FOR 100% DISABLED VETERANS																				(17,500)	(17,500)	213				
214	26A2800	STATE HEALTH INSURANCE ADJUSTMENTS FY 2006-07 - 9 MONTH ANNUALIZATION																				71,379	198,600	269,979	214			
215	VETERANS' AFFAIRS, DEPT OF Total																					646.50	20,592,612	11,927,949	41,811,234	215		
218	HHS Grand Total																					23,763.50	894,194,119	7,520,007,063	417,600,000	15,619,235,348	23,556,842,411	218

## Issue Code Descriptions

### Statewide Issues

**100XXX0** Estimated Expenditures—Operations—These issues are the base or starting point for the agency request. Appropriation categories used here will correspond to those used in the approved budget and the amount will be equal to the approved budget as of July 1.

**160AXX0** Interim Agency Position and Rate Adjustments—These issues should be used for any necessary adjustments to salaries and benefits and rate or for rate only (e.g. transfers of rate between program components).

**160DXX0** Realignment of Deferred-Payment Commodity Contracts—These issues should be used to transfer funds from the current appropriation category used for payment to the new Deferred-Payment Commodity Contracts category.

**160EXX0** Realignment of Contractual Services Budget—These issues should be used to back out funding for contractual services from the Expense category and to add the funding to the proper appropriation category. Chapter 2005-152, Florida Statutes, removed “contractual services” from the list of items included in the Expense definition.

**160FXX0** Reapproval of 5-Day Program Flexibility—These issues should be used for any 5-day program flexibility budget amendments.

**160HXX0** 2004 Hurricanes—Approved Budget Amendments—These issues should be used to request recurring funding for approved budget amendments relating to the 2004 hurricanes.

**160SXX0** Correct Funding Source Identifier (FSI)—These issues should be used to correct FSIs in the Current Year Estimated Expenditure issues (100XXXX).

**1608XX0** Reapproval of Agency Reorganizations—These issues should be used for any EOG approved agency reorganizations.

**160XXX0** Adjustments to Current Year Estimated Expenditures—These issues are used for any necessary adjustments to current year expenditures, that is, budget amendments processed after July 1, shifting expenditures between program components, allocation of lump sum appropriations, and so on.

**170XXX0** Transfers of Current Resources Between Agencies—These issues identify transfers of budget and positions between agencies, such as transfer of programs, services, activities, or positions.

**180XXX0** Transfers of Current Resources—Agency Reorganizations—These issues are used for agency reorganizations requiring legislative approval via the Appropriations Act.

**2103XX0** Deduct Other System Generated Nonrecurring Expenditures—These are issues that back out of estimated expenditures those appropriations identified in the prior year as nonrecurring issues.



## Issue Code Descriptions

**230XXX0** Price Level Increases—These issues are used to increase funding for operating expenditures such as rent and utilities or for payments to service providers such as those in the Medicaid Program.

**24010C0** Information Technology Infrastructure Replacement—This issue is used to indicate amounts required to replace existing information technology infrastructure (hardware; software; networks; and equipment for information technology facilities, such as an uninterruptible power supply, fire suppression equipment, special air conditioning, etc.) that support the business processes of an agency.

**2401XX0** Replacement Equipment—These issues are used to indicate amounts needed to replace existing equipment other than information technology such as office furniture and motor vehicles.

**2402XX0** Additional Equipment—These issues are used for requirements for additional needs by major categories: books, office furniture and equipment, and automobiles.

**250XXX0** Other Cost Recovery Adjustments—These issues are used to identify payments to budget entities that “charge back” the cost of their operations to user agencies, for example, data processing services.

**26AXXX0** Annualization of Administered Funds Appropriations—These issues are used for the annualization of appropriations made within Administered Funds (e.g., pay package).

**26CXXX0** Annualization of Human Resources Outsourcing—These issues are used to indicate the amounts required to fully fund the human resources outsourcing issues implemented by the Legislature.

**260XXX0** Annualization of Issues Partially Funded in Prior Year—These issues indicate the amounts required to fully fund each issue for the current fiscal year. This does not include pay package issues.

**300XXX0** Workload—These issues apply when additional resources are required to meet an increased demand for services but the quality level of the service remains the same.

**320XXX0** Federal Funding Reductions—These issues are used to explain and justify federal funding reductions.

**33GXXX0** Management Reductions—These issues are used to explain and justify management reductions.

**33IXXX0** Privatization of State Programs, Services or Activities—These issues are used to explain and justify programs, services or activities being recommended for privatization.

## Issue Code Descriptions

**33JXXX0** Outsourcing of State Programs, Services or Activities—These issues are used to explain and justify programs, services or activities being recommended for outsourcing.

**33VXXX0** Program Reductions—These issues are used to explain and justify program reductions.

**330XXX0** State Funding Reductions—These issues are used to explain and justify state funding reductions.

**340XXX0** Fund Shift—These issues are used to explain and justify requested changes in funding sources for ongoing programs.

**34FXXX0** Trust Fund Realignment Pursuant to Section 215.32, Florida Statutes—These issues are used for moving appropriations between trust funds to properly align the appropriations in accordance with the trust fund usage definitions specified in section 215.32, Florida Statutes. This section of law defines the following trust funds that are used for day-to-day operations: Operating, Operations and Maintenance, Administrative, Grants and Donations, Federal Grants, Working Capital, and Clearing funds. In general, these issues should be developed when an agency's trust fund(s) are scheduled for review.

**361XXC0** State Enterprise Information Technology—These issues are used to indicate amounts required for information technology resources that are used as statewide resources by all state agencies or by multiple state agencies.

**362XXC0** Agency Enterprise Information Technology—These issues are used to indicate amounts required for information technology resources that are used as agency-wide resources by all or nearly all of the agency's programs.

**363XXC0** Program or Service-Level Information Technology—These issues are used to indicate amounts required for information technology resources that are used by one or more programs within an agency, but not agency-wide.

**380XXX0** Other Human Resource Development Issues—Training programs for the enhancement of employee education and working skills are use in these issues.

**4A0XXX0** Audit Findings and Recommendations—These issues are used to address audit findings and/or recommendations.

**4B0XXX0** Enhanced Accountability of State Resources—These issues are used to fund appropriations that would enhance accountability of the agency's resources. An example would be additional resources for the internal auditing or inspector general activities.

**51RXXX0** Salary Rate Increases/Decreases—These issues are used only to appropriate increases or decreases in the agency's salary rate. (These will not be used

## Issue Code Descriptions

if also funding an increase or decrease in the Salaries and Benefits appropriation category).

**99XXXXX** Fixed Capital Outlay—These issues are used for fixed capital outlay appropriations, including capital projects and improvements, land acquisition, maintenance and repair, and debt service.

### **Agency Unique Issues**

**4000000 to 9809990**—Unique issues are for items that do not fit within the standard statewide issue titles and are used at the agencies' discretion. Agencies may use these codes for issues that do not fit within any standard issues described above.

## **CBC Funding Allocations**

**Glen Casel, CEO for Community  
Based Care of Seminole County**

## A New Allocation Model For Child Welfare

The current funding for the CBCs across the state is the result of a long history of attempts by the legislature and the department to match resources to the work that needs to be done. These attempts have been impacted by tragedies that have befallen parts of the system, implementation shortfalls by both the Department and some CBCs, and the political process itself. For three years, the department had been directed to use budget per child as the basis for distributing the CBC portion of the appropriation. There was a very real sense among legislators and the FCC members that this method was not the most appropriate way to allocate. Much of the concern expressed was that budget per child looked at only one dynamic, children served and that a more holistic approach was needed. FCC accepted the request of the Chair of the House Health Care Appropriations Committee to work on a new allocation method.

While we recommend this approach for new funding, we want to emphasize that this approach should only be applied prospectively and that all community based care lead agencies must be held harmless against any reduction in their present level of funding.

In performing this work, the Finance Committee reviewed The Florida Senate Interim Monitoring Project Report 2004-318 and was briefed by Dr. Robin Perry on the Florida State University work done on allocations. The committee discussed a wide range of factors and weights. The Committee was guided by some very basic principles. We were working on an allocation model, not a cost model. Data used in the model must be readily available. The model must be easy to explain. After considerable discussion and review, the Committee determined that there should be a factor that was descriptive of the Prevalence of abuse in a community and a factor that looked at the Workload that the community was currently experiencing.

In developing the Prevalence Factor, the Committee relied heavily on the data and information that Dr. Perry brought from the FSU work. That study looked at a wide range of factors in an attempt to explain the variability in abuse reports. Some of the factors included mental health, substance abuse, domestic violence, child population, and many others. The study concluded that the factors that were statistically significant in explaining the variation in abuse reports were child population ages 0 to 18, the number of single family households and inversely, the number of English as a second language households. After lengthy review, abuse reports and child population 0 to 18 years of age were selected to stand for Prevalence. Abuse reports were weighted 80% and child population 20% with the rationale that a CBC's intervention was triggered by an abuse report.

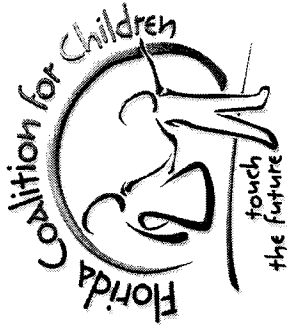
The Children Active by Primary Caseworker was selected as the Workload factor. This was arrived at after looking at and discarding a wide range of factors such as referrals for service, Out of Home Care children, and teens in care.

The Committee decided to weight Prevalence at 45% and Workload at 55% in recognition of the fact that workload represented the current demand for service. This weighting should be reviewed over time.

Once the Committee determined that the base Allocation Factor should be comprised of the Prevalence and Workload Factors, we added a small adjustment by way of an Efficiency Factor. This factor looks at the difference between a community's prevalence for abuse and its current workload. Those communities that managed to keep current workload below prevalence are rewarded with a slight increase in their allocation. This rewards efficient communities while not unduly harming inefficient communities and provides a small incentive for improvement in the operation of the system of care.

The last adjustment to the base allocation factor comes in the form of a small price level adjustment. Data for this factor is taken from Florida Price Level Index prepared annually by the University of Florida Bureau of Economic and Business Research. This Index is used by the Legislature as the basis for the District Cost Differential in the Florida Education Finance Program. In this role, the FPLI is used to represent the costs of hiring equally qualified personnel across school districts. We felt it was important to recognize this issue for several reasons. Personnel costs are a significant portion of both lead agency and service provider budgets. Additionally, the department used a similar salary adjustment in its pay plan for selected parts of the state.

The Florida Coalition for Children recommends that this formula be used in the future to allocate the CBC portion of the Child Protection Appropriation LESS Maintenance Adoption Subsidy and Independent Living. The allocation method employed in FY 2006/2007 for Maintenance Adoption Subsidy should be continued. A new allocation method for Independent Living is being developed. We also recommend that this formula be used to display to the Legislature the appropriation required to resolve the long history of misalignment of resources across the state. It is interesting to note that the funding required to correct this misalignment closely matches the funding requirements laid out in the Senate Interim Report of November 2003. It is also interesting to note that the HOLD HARMLESS concept reflected in the FCC request is a recommendation from the Senate Report as well.



MATERIALS FOR HEALTHCARE COUNCIL MEETING  
JANUARY 23, 2007 PRESENTATIONS ON ALLOCATION FORMULA

**ALLOCATION OF ADDITIONAL TITLE IV-E**

	2006-2007 Base Before Equity W/O MAS & IL	2006-2007 Equity Funding	2006-2007 Base Allocated on Budget Per Child	Allocation Factor August 2006 Data	IV-E WAIVER FINDING
<b>CBC</b>					
Lakeview Center, Inc.	\$26,395,255	\$ 2,464,045	\$28,859,300	5.480%	\$7,320,548
Big Bend Community Based Care (2a)	\$10,962,704	\$ 3,303,190	\$14,265,894	2.400%	\$401,166
Big Bend Community Based Care(2b)	\$10,717,648		\$10,717,648	2.080%	\$175,693
Partnership for Strong Families, Inc.	\$18,431,974	\$ 1,483,903	\$19,915,877	4.050%	\$152,267
Clay and Baker Kid's Net	\$6,411,456		\$6,411,456	1.250%	\$296,482
Nassau County Board of County Commissioners	\$2,054,583	\$ 158,392	\$2,212,975	0.430%	\$91,508
St. John's County Board of County Commissioners	\$3,946,544		\$3,946,544	0.740%	\$31,479
Family Support Services of North Florida	\$29,640,003		\$29,640,003	6.030%	\$54,173
Family Services of Metro Orlando, Inc.	\$41,988,631		\$41,988,631	7.470%	\$441,429
Community Based Care of Seminole, Inc.	\$11,030,717		\$11,030,717	1.860%	\$546,845
Community Based Care of Brevard, Inc.	\$19,028,242		\$19,028,242	3.040%	\$136,162
Children's Network of SW Florida	\$19,434,038		\$19,434,038	3.920%	\$222,545
Child and Family Connections, Inc.	\$27,496,055		\$27,496,055	5.190%	\$286,965
Childnet, Inc	\$54,526,015		\$54,526,015	7.520%	\$379,936
Our Kids of Miami-Dade/Monroe, Inc.	\$73,465,027		\$73,465,027	9.480%	\$550,505
Community Partnership for Children, Inc	\$18,240,494		\$18,240,494	3.430%	\$693,988
Kids Central, Inc.	\$34,044,035	\$ 4,985,300	\$39,029,335	7.180%	\$251,095
Heartland for Children	\$30,556,644	\$ 208,205	\$30,764,849	5.720%	\$525,615
United for Families, Inc.	\$16,363,560	\$ 3,644,497	\$20,008,057	3.490%	\$418,735
Hillsborough Kids, Inc	\$48,045,602	\$ 3,730,289	\$51,775,891	8.780%	\$255,487
Sarasota Family YMCA, Inc. (North)	\$39,219,740	\$ 22,179	\$39,241,919	7.710%	\$642,744
Sarasota Family YMCA, Inc. (South)	\$18,937,638		\$18,937,638	2.750%	\$564,414
<b>Total</b>	<b>\$560,936,605</b>	<b>\$ 20,000,000</b>	<b>\$580,936,605</b>	<b>100.000%</b>	<b>\$7,320,548</b>



ALLOCATION MODEL		PREVALENCE		WORKLOAD		EFFICIENCY		PRICE LEVEL INDEX			ALLOCATION FACTOR			
CBC		80/20 ABUSE REPORTS / CHILD POPULATION	WEIGHT	WEIGHTED FACTOR	CHILDREN SERVED FACTOR	WEIGHT	WEIGHTED FACTOR	EFFICIENCY FACTOR	WEIGHT	WEIGHTED FACTOR	FPLI FACTOR	WEIGHT	WEIGHTED FACTOR	ALLOCATION FACTOR
Lakeview Center, Inc.	5.3%	0.45	2.4%	3.2%	5.9%	0.55	3.2%	-0.6%	0.025	-0.02%	-4.6%	0.025	-0.12%	5.480%
Big Bend Community Based Care (2a)	2.1%	0.45	1.0%	1.6%	3.0%	0.55	1.6%	-0.8%	0.025	-0.02%	-6.7%	0.025	-0.17%	2.400%
Big Bend Community Based Care(2b)	2.1%	0.45	1.0%	1.6%	2.2%	0.55	1.2%	0.0%	0.025	0.00%	-2.7%	0.025	-0.07%	2.080%
Partnership for Strong Families, Inc.	4.2%	0.45	1.9%	2.3%	4.1%	0.55	2.3%	0.1%	0.025	0.00%	-3.9%	0.025	-0.10%	4.050%
Clay and Baker Kid's Net	1.3%	0.45	0.6%	0.8%	1.2%	0.55	0.8%	0.2%	0.025	0.00%	0.3%	0.025	0.01%	1.250%
Nassau County Board of County Commissioners	0.4%	0.45	0.2%	0.3%	0.4%	0.55	0.3%	-0.1%	0.025	0.00%	0.9%	0.025	0.02%	0.430%
St. John's County Board of County Commissioners	0.9%	0.45	0.4%	0.5%	0.6%	0.55	0.4%	0.2%	0.025	0.01%	0.3%	0.025	0.01%	0.740%
Family Support Services of North Florida	6.1%	0.45	2.7%	3.2%	5.8%	0.55	3.2%	0.2%	0.025	0.01%	4.0%	0.025	0.10%	6.030%
Family Services of Metro Orlando, Inc.	8.3%	0.45	3.7%	3.7%	6.6%	0.55	3.7%	1.7%	0.025	0.04%	1.6%	0.025	0.04%	7.470%
Community Based Care of Seminole, Inc.	2.3%	0.45	1.0%	0.8%	1.4%	0.55	0.8%	0.9%	0.025	0.02%	1.5%	0.025	0.04%	1.860%
Community Based Care of Brevard, Inc.	3.5%	0.45	1.6%	1.4%	2.6%	0.55	1.4%	0.9%	0.025	0.02%	-0.1%	0.025	0.00%	3.040%
Children's Network of SW Florida	4.9%	0.45	2.2%	1.6%	2.9%	0.55	1.6%	2.0%	0.025	0.05%	1.3%	0.025	0.03%	3.920%
Childnet, Inc.	6.1%	0.45	2.7%	2.3%	4.1%	0.55	2.3%	1.9%	0.025	0.05%	5.5%	0.025	0.14%	5.190%
Our Kids of Miami-Dade/Monroe, Inc.	7.8%	0.45	3.5%	3.9%	7.0%	0.55	3.9%	0.8%	0.025	0.02%	4.9%	0.025	0.12%	7.520%
Community Partnership for Children, Inc.	9.2%	0.45	4.1%	5.3%	9.6%	0.55	5.3%	-0.4%	0.025	-0.01%	3.7%	0.025	0.09%	9.480%
Kids Central, Inc.	4.1%	0.45	1.8%	1.6%	3.0%	0.55	1.6%	1.1%	0.025	0.03%	-3.3%	0.025	-0.08%	3.430%
Heartland for Children	6.3%	0.45	2.8%	4.5%	8.1%	0.55	4.5%	-1.8%	0.025	-0.05%	-2.5%	0.025	-0.06%	7.180%
United for Families, Inc.	5.1%	0.45	2.3%	3.5%	6.4%	0.55	3.5%	-1.4%	0.025	-0.03%	-2.5%	0.025	-0.06%	5.720%
Hillsborough Kids, Inc.	2.9%	0.45	1.3%	2.3%	4.1%	0.55	2.3%	-1.2%	0.025	-0.03%	-0.9%	0.025	-0.02%	3.490%
YMCA Children Youth and Family Services, Inc. (North)	6.8%	0.45	3.0%	5.8%	10.5%	0.55	5.8%	-3.7%	0.025	-0.09%	2.9%	0.025	0.07%	8.780%
YMCA Children Youth and Family Services, Inc.(South)	7.2%	0.45	3.2%	4.5%	8.2%	0.55	4.5%	-1.0%	0.025	-0.03%	1.1%	0.025	0.03%	7.710%
YMCA Children Youth and Family Services, Inc.(South)	3.3%	0.45	1.5%	1.2%	2.3%	0.55	1.2%	1.1%	0.025	0.03%	-0.7%	0.025	-0.02%	2.750%
Total	100.0%				100.0%			0.0%			0.00			100.000%

POSITIVE NUMBER INDICATES EFFICIENT SYSTEM

PREVALANCE		% of Total Abuse Reports	Weight	Weighted Factor	% of Total Child Population	Weight	Weighted Factor	80 / 20 Factor
CBC								
Lakeview Center, Inc.		5.6%	0.8	4.5%	4.0%	0.2	0.8%	5.3%
Big Bend Community Based Care (2a)		2.3%	0.8	1.8%	1.5%	0.2	0.3%	2.1%
Big Bend Community Based Care(2b)		2.1%	0.8	1.7%	2.2%	0.2	0.4%	2.1%
Partnership for Strong Families, Inc.		4.5%	0.8	3.6%	2.9%	0.2	0.6%	4.2%
Clay and Baker Kid's Net		1.3%	0.8	1.1%	1.3%	0.2	0.3%	1.3%
Nassau County Board of County Commissioners		0.4%	0.8	0.3%	0.4%	0.2	0.1%	0.4%
St. John's County Board of County Commissioners		0.9%	0.8	0.7%	0.8%	0.2	0.2%	0.9%
Family Support Services of North Florida		6.2%	0.8	5.0%	5.4%	0.2	1.1%	6.1%
Family Services of Metro Orlando, Inc.		8.3%	0.8	6.6%	8.3%	0.2	1.7%	8.3%
Community Based Care of Seminole, Inc.		2.3%	0.8	1.8%	2.5%	0.2	0.5%	2.3%
Community Based Care of Brevard, Inc.		3.7%	0.8	3.0%	2.7%	0.2	0.5%	3.5%
Children's Network of SW Florida		4.8%	0.8	3.9%	5.3%	0.2	1.1%	4.9%
Child and Family Connections, Inc.		5.9%	0.8	4.7%	6.8%	0.2	1.4%	6.1%
Childnet, Inc		7.2%	0.8	5.8%	10.3%	0.2	2.1%	7.8%
Our Kids of Miami-Dade/Monroe, Inc.		7.7%	0.8	6.2%	15.1%	0.2	3.0%	9.2%
Community Partnership for Children, Inc.		4.4%	0.8	3.6%	2.7%	0.2	0.5%	4.1%
Kids Central, Inc.		6.7%	0.8	5.4%	4.4%	0.2	0.9%	6.3%
Heartland for Children		5.4%	0.8	4.3%	3.8%	0.2	0.8%	5.1%
United for Families, Inc.		2.9%	0.8	2.3%	2.7%	0.2	0.5%	2.9%
Hillsborough Kids, Inc		6.7%	0.8	5.3%	7.1%	0.2	1.4%	6.8%
YMCA Children Youth and Family Services, Inc. (North)		7.3%	0.8	5.8%	6.6%	0.2	1.3%	7.2%
YMCA Children Youth and Family Services, Inc.(South)		3.4%	0.8	2.7%	3.2%	0.2	0.6%	3.3%
Total		100.0%			100.0%			100.0%

**ABUSE REPORTS**

	September-05	October-05	November-05	December-05	January-06	February-06	March-06	April-06	May-06	June-06	July-06	August-06	Total	% of Total Abuse Reports
<b>CBC</b>														
Lakeview Center, Inc.	837	780	727	651	809	753	826	846	874	748	735	939	9,525	5.6%
Big Bend Community Based Care (2a)	451	412	357	312	358	347	425	425	409	369	380	454	3,865	2.3%
Big Bend Community Based Care(2b)	396	370	339	277	361	363	387	359	416	331	336	409	3,599	2.1%
Partnership for Strong Families, Inc.	679	612	557	512	655	589	744	684	717	600	613	705	7,667	4.5%
Clay and Baker Kid's Net	247	234	222	164	223	239	255	243	260	185	208	229	2,272	1.3%
Nassau County Board of County Commissioners	57	50	45	46	51	41	43	59	58	59	63	65	637	0.4%
St. John's County Board of County Commissioners	137	111	124	103	125	115	147	130	144	92	100	140	1,488	0.9%
Family Support Services of North Florida	932	873	875	738	859	850	882	940	975	829	862	975	10,590	6.2%
Family Services of Metro Orlando, Inc.	1,605	1,393	1,404	1,096	1,475	1,409	1,600	1,534	1,437	1,184	1,118	1,544	14,137	8.3%
Community Based Care of Seminole, Inc.	342	355	347	239	312	342	343	355	339	258	275	347	3,854	2.3%
Community Based Care of Brevard, Inc.	573	513	556	426	545	487	587	586	603	459	464	536	6,335	3.7%
Children's Network of SW Florida	763	573	654	550	678	716	823	717	752	609	619	765	8,219	4.8%
Child and Family Connections, Inc.	981	689	814	744	874	917	987	871	959	723	732	730	10,021	5.9%
Childnet, Inc	1,174	887	939	911	1,124	1,039	1,204	1,059	1,091	930	862	1,025	12,245	7.2%
Our Kids of Miami-Dade/Monroe, Inc.	1,254	910	1,085	979	1,222	1,153	1,260	1,093	1,183	1,000	900	1,107	13,146	7.7%
Community Partnership for Children, Inc.	681	592	587	569	624	626	727	670	670	547	544	719	7,556	4.4%
Kids Central, Inc.	1,101	971	897	816	957	869	1,036	1,034	1,045	855	906	991	11,478	6.7%
Heartland for Children	845	825	765	656	755	756	764	809	778	691	702	788	9,134	5.4%
United for Families, Inc.	452	397	422	370	397	383	433	456	464	360	384	390	4,908	2.9%
Hillsborough Kids, Inc	1,027	924	901	803	997	907	1,043	950	1,038	810	840	1,075	11,315	6.7%
YMCA Children Youth and Family Services, Inc. (North)	1,386	1,272	1,169	1,073	1,207	1,157	1,320	1,333	1,387	1,122	1,168	1,355	12,426	7.3%
YMCA Children Youth and Family Services, Inc.(South)	588	521	540	501	570	586	645	588	629	542	543	605	5,710	3.4%
<b>Total</b>	<b>16,508</b>	<b>14,264</b>	<b>14,326</b>	<b>12,536</b>	<b>15,178</b>	<b>14,644</b>	<b>16,481</b>	<b>15,741</b>	<b>16,228</b>	<b>13,303</b>	<b>13,354</b>	<b>15,893</b>	<b>170,107</b>	<b>100.0%</b>

<b>CHILD POPULATION</b>	<b>CBC</b>	<b>CHILD POPULATION</b>	<b>% of Total Child Population</b>
	Lakeview Center, Inc.	160,745	4.0%
	Big Bend Community Based Care (2a)	61,568	1.5%
	Big Bend Community Based Care(2b)	87,915	2.2%
	Partnership for Strong Families, Inc.	115,791	2.9%
	Clay and Baker Kid's Net	51,992	1.3%
	Nassau County Board of County Commissioners	15,766	0.4%
	St. John's County Board of County Commissioners	34,298	0.8%
	Family Support Services of North Florida	217,421	5.4%
	Family Services of Metro Orlando, Inc.	335,609	8.3%
	Community Based Care of Seminole, Inc.	100,253	2.5%
	Community Based Care of Brevard, Inc.	109,815	2.7%
	Children's Network of SW Florida	213,163	5.3%
	Child and Family Connections, Inc.	276,201	6.8%
	Childnet, Inc	416,789	10.3%
	Our Kids of Miami-Dade/Monroe, Inc.	610,096	15.1%
	Community Partnership for Children, Inc.	110,590	2.7%
	Kids Central, Inc.	176,966	4.4%
	Heartland for Children	154,018	3.8%
	United for Families, Inc.	110,716	2.7%
	Hillsborough Kids, Inc	288,902	7.1%
	YMCA Children Youth and Family Services, Inc. (North)	265,097	6.6%
	YMCA Children Youth and Family Services, Inc.(South)	129,955	3.2%
	<b>Total</b>	<b>4,043,666</b>	<b>100%</b>

CHILDREN SERVED

	9/30/2005	10/31/2005	11/30/2005	12/31/2005	1/31/2006	2/28/2006	3/31/2006	4/30/2006	5/31/2006	6/30/2006	7/31/2006	8/31/2006	Full Service Average	Share of State Total
CBC														
Lakeview Center, Inc.	2,748	2,746	2,746	2,765	2,832	2,845	2,892	2,902	2,960	2,911	2,858	2,840	2,837	5.9%
Big Bend Community Based Care (2a)	1,312	1,346	1,392	1,418	1,428	1,398	1,428	1,460	1,469	1,489	1,475	1,552	1,431	3.0%
Big Bend Community Based Care(2b)	1,012	1,028	1,027	1,037	1,017	1,015	1,038	1,066	1,068	1,068	1,086	1,101	1,047	2.2%
Partnership for Strong Families, Inc.	1,885	1,958	2,013	2,017	2,043	2,008	2,047	2,033	1,992	1,950	1,929	1,935	1,984	4.1%
Clay and Baker Kid's Net	522	530	542	544	553	549	582	589	608	564	559	561	559	1.2%
Nassau County Board of County Commissioners	189	204	198	223	225	215	233	226	208	205	201	215	212	0.4%
St. John's County Board of County Commissioners	290	292	279	280	290	284	290	297	293	313	314	315	295	0.6%
Family Support Services of North Florida	2,916	2,851	2,814	2,840	2,794	2,752	2,755	2,693	2,782	2,734	2,823	2,899	2,804	5.8%
Family Services of Metro Orlando, Inc.	3,151	3,155	3,184	3,206	3,190	3,305	3,279	3,230	3,222	3,144	3,169	3,153	3,199	6.6%
Community Based Care of Seminole, Inc.	642	668	669	650	669	646	637	648	674	661	677	727	664	1.4%
Community Based Care of Brevard, Inc.	1,147	1,151	1,170	1,212	1,277	1,278	1,366	1,350	1,315	1,283	1,279	1,249	1,256	2.6%
Children's Network of SW Florida	1,522	1,464	1,402	1,392	1,384	1,384	1,388	1,383	1,396	1,381	1,440	1,494	1,419	2.9%
Child and Family Connections, Inc.	1,812	1,864	1,856	1,912	1,935	1,945	1,990	2,023	2,115	2,170	2,168	2,127	1,993	4.1%
Childnet, Inc.	3,372	3,347	3,359	3,339	3,346	3,362	3,390	3,409	3,446	3,439	3,377	3,393	3,382	7.0%
Our Kids of Miami-Dade/Monroe, Inc.	4,657	4,697	4,708	4,725	4,690	4,653	4,626	4,558	4,492	4,433	4,494	4,590	4,610	9.6%
Community Partnership for Children, Inc.	1,434	1,441	1,464	1,440	1,445	1,413	1,407	1,407	1,409	1,448	1,469	1,499	1,440	3.0%
Kids Central, Inc.	4,190	4,182	4,241	4,174	4,075	3,999	3,955	3,792	3,743	3,668	3,512	3,427	3,912	8.1%
Hearland for Children	3,103	3,030	3,039	3,008	2,966	2,997	3,085	3,102	3,153	3,206	3,226	3,313	3,102	6.4%
United for Families, Inc.	1,931	1,948	1,971	1,982	2,025	2,009	1,990	1,985	1,959	2,009	1,967	1,959	1,978	4.1%
Hillsborough Kids, Inc.	5,034	5,122	5,100	5,113	5,181	5,222	5,168	5,113	4,972	4,900	4,832	4,799	5,046	10.5%
YMCA Children Youth and Family Services, Inc. (North)	4,071	4,090	4,022	4,005	3,961	3,943	3,908	3,929	3,885	3,835	3,809	3,764	3,935	8.2%
YMCA Children Youth and Family Services, Inc.(South)	1,065	1,086	1,076	1,040	1,070	1,063	1,087	1,094	1,105	1,108	1,148	1,167	1,092	2.3%
	48,005	48,202	48,272	48,322	48,396	48,285	48,521	48,289	48,266	47,919	47,812	48,079	48,197	100.0%

Florida Price Level Index 2003, 2004, 2005

COUNTY	District	2003 FPLI_SP	2004 FPLI_SP	2005 FPLI_SP	3 Year Average	FPLI	VARIATION FROM THE MEAN
Escambia	1	95.66	94.61	92.05	94.12		
Okaloosa	1	95.51	95.4	93.76	94.90		
Santa Rosa	1	95.79	94.78	92.2	94.26		
Walton	1	91.84	92.43	90.67	91.71		
					<b>93.75</b>		
Bay	2A	95.03	94.32	92.6	93.98		
Calhoun	2A	95.55	93.07	91.31	93.31		
Gulf	2A	93.24	90.86	89.2	91.10		
Holmes	2A	90.3	89.09	87.58	88.99		
Jackson	2A	94.46	92	90.27	92.24		
Washington	2A	91.68	90.63	88.98	90.43		
					<b>91.68</b>		
Franklin	2B	95.02	92.55	90.8	92.79		
Gadsden	2B	96.42	96.94	95.01	97.09		
Jefferson	2B	99.15	96.57	94.75	96.82		
Leon	2B	103.22	99.46	97.58	100.09		
Liberty	2B	96.77	94.26	92.48	94.50		
Madison	2B	95.78	93.29	91.53	93.53		
Taylor	2B	95.87	93.38	91.62	93.62		
Wakulla	2B	99.48	96.9	95.07	97.15		
					<b>95.70</b>		
Alachua	3	99.46	98.01	97.55	98.34		
Bradford	3	97.01	97.28	96.96	97.08		
Columbia	3	93.87	94.24	93.92	94.04		
Dixie	3	92.98	92.64	92.19	92.60		
Gilchrist	3	95.13	94.77	94.32	94.74		
Hamilton	3	92.28	91.89	91.59	91.92		
Lafayette	3	93.13	91.2	90.77	91.70		
Levy	3	94.98	94.62	94.17	94.59		
Putnam	3	96.24	96.11	95.79	96.05		
Suwannee	3	92.1	91.82	91.52	91.81		
Union	3	95.92	96.2	95.88	96.00		
					<b>94.44</b>		
Baker	4	97.58	97.86	97.53	97.66		
Clay	4	99.63	99.92	99.59	99.71		
					<b>98.69</b>		
Nassau	4	99.23	99.51	99.18	99.31		
St. Johns	4	98.57	98.85	98.53	98.65		
Duval	4	102.95	102.29	101.95	102.40		
Orange	7	101.63	101.17	100.99	101.26		
Osceola	7	98.45	98.83	98.85	98.64		
					<b>99.95</b>		
Seminole	7	100.01	99.99	99.56	99.85		
Brevard	7	99.02	98.24	97.67	98.31		
Charlotte	8	95.86	95.95	95.36	95.66		
Collier	8	104.47	104.81	106.84	105.37		
Glades	8	97.37	96.76	98.63	97.59		
Hendry	8	99.08	98.45	100.36	99.30		
Lee	8	100.24	100.25	101.4	100.63		
					<b>99.71</b>		
Palm Beach	9	103.61	103.39	104.52	103.84		
Broward	10	102.96	103.11	103.76	103.28		
Miami-Dade	11	100.34	102.03	102.00	101.46		
Monroe	11	101.66	103.06	103.32	102.68		
					<b>102.07</b>		
Flagler	12	94.54	94.8	94.51	94.62		
Volusia	12	96.16	95.53	94.9	95.53		
					<b>95.07</b>		
Citrus	13	94.03	93.38	93.96	93.79		
Hernando	13	96.28	96.43	97.03	96.58		
Lake	13	98.79	98.13	97.5	98.14		
Marion	13	95.99	96.02	94.3	95.44		
Sumter	13	95.14	95.5	95.33	95.32		
					<b>95.85</b>		
Hardee	14	94.9	95.05	95.64	95.20		
Highlands	14	93.71	93.28	94.92	93.97		
Polk	14	98.85	98.85	97.56	98.42		
					<b>95.86</b>		
Indian River	15	96.91	97.65	97.46	97.34		
Martin	15	96.15	98.39	99.27	98.94		
Okeechobee	15	96.5	95.19	96.23	95.97		
St. Lucie	15	98.28	97.22	97.8	97.77		
					<b>97.50</b>		
Hillsborough	23	101.18	101.06	101.89	101.31		
Pasco	23	98.2	98.36	98.97	98.51		
Pinellas	23	100.24	100.36	100.86	100.42		
					<b>99.47</b>		
DeSoto	23	96.19	95.58	97.44	96.40		
Manatee	23	98.87	97.98	98.4	97.75		
Sarasota	23	98.45	98.56	99.32	98.78		
					<b>97.64</b>		

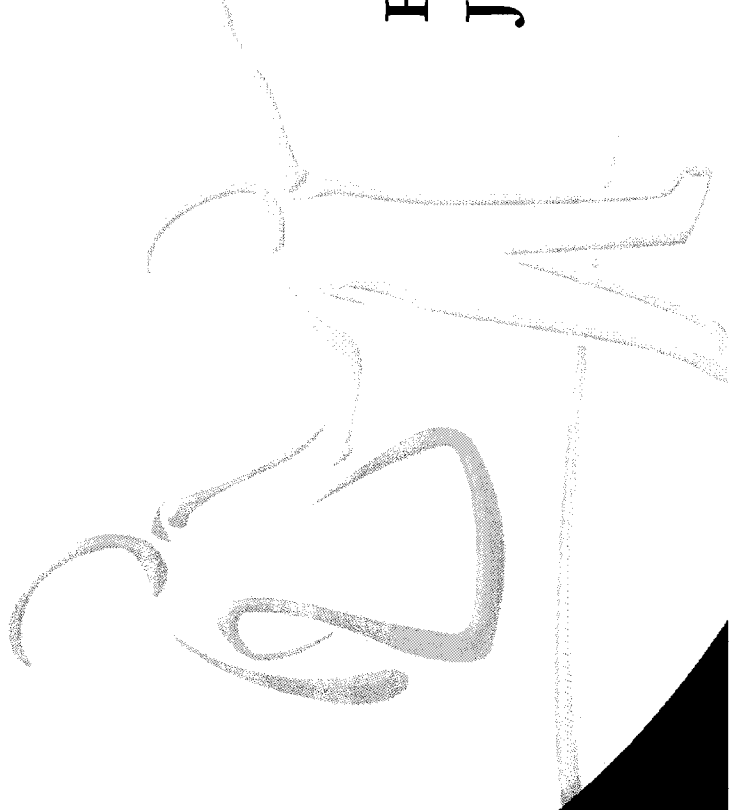
CBC

Lakeview Center, Inc.	93.75	-4.6%
Big Bend Community Based Care (2a)	91.68	-6.7%
Big Bend Community Based Care(2b)	95.70	-2.7%
Partnership for Strong Families, Inc.	94.44	-3.9%
Clay and Baker Kid's Net	98.69	0.3%
Nassau County Board of County Commissioners	99.31	0.9%
St. John's County Board of County Commissioners	98.85	0.3%
Family Support Services of North Florida	102.40	4.0%
Family Services of Metro Orlando, Inc.	99.95	1.6%
Community Based Care of Seminole, Inc.	99.85	1.5%
Community Based Care of Brevard, Inc.	98.31	-0.1%
Children's Network of SW Florida	99.71	1.3%
Child and Family Connections, Inc.	103.84	5.5%
Childnet, Inc	103.28	4.9%
Our Kids of Miami-Dade/Monroe, Inc.	102.07	3.7%
Community Partnership for Children, Inc.	95.07	-3.3%
Kids Central, Inc.	95.85	-2.5%
Heartland for Children	95.86	-2.5%
United for Families, Inc.	97.50	-0.9%
Hillsborough Kids, Inc	101.31	2.9%
YMCA Children Youth and Family Services, Inc. (North)	99.47	1.1%
YMCA Children Youth and Family Services, Inc. (South)	97.64	-0.7%
	<b>98.3785</b>	<b>0.00</b>

# **A New Allocation Method For Child Welfare**

*Presented by the Florida Coalition for Children*

**House Health Care Council  
January 23, 2007**



# The Old Approach

- Average Budget per Child
- One Dimensional
- Rewards Bad Practice



# Prior Work on Allocation

- 2003 Interim Senate Report
- Florida State University Study Commissioned by DCF
- Request by 2006 House Health Care Appropriations Committee

# Our Guiding Principles

- Easy to Explain
- Data Easy to Get
- Address Both Demand and Workload
- Introduce the Concept of Efficiency
- Deal with Price Level Differences
- Not Applied to MAS or IL Funding

# New Allocation Method

## 4 Factors for Methodology

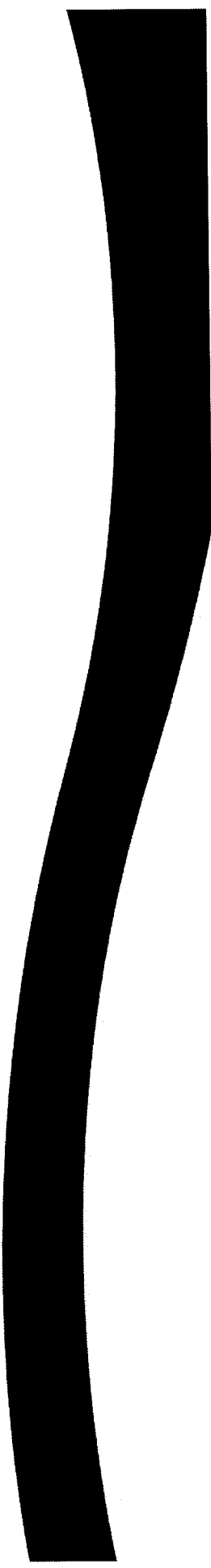
- Prevalence
- Workload
- Efficiency
- Price Level

# **Recommendations**

Accept this formula

Apply to the additional IV-E Waiver funding

Use to allocate any NEW funding to CBC Lead Agencies



# **AHCA Budget Recommendations**

**Thomas W. Arnold**  
**Deputy Secretary for Medicaid**



# **Agency for Health Care Administration**

## **Summary FY 2007-08 Legislative Budget Request**

***Presented to the  
House Health Care Council  
January 23, 2007***

# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

Issue Number	Issue Title	General Revenue Fund	Trust Funds	Total All Funds	Page No.
	Base Budget Issues (Includes technical, transfers and realignment of funds issues)	\$4,848,867,470	\$11,746,426,745	\$16,595,294,215	
3002610	Medicaid Health Systems Development Staff Increase	\$90,126	\$90,129	\$180,255	2
3000030	Behavioral Health Managed Care Staff Increase	\$122,369	\$122,370	\$244,739	3
36340C0	Fiscal Agent Transition	\$2,225,308	\$20,027,768	\$22,253,076	4
3000060	External Quality Review for Medicaid Managed Care	\$50,000	\$150,000	\$200,000	5
3000050	Florida Healthy Kids Third Party Administrator Cost	\$1,570,949	\$3,859,228	\$5,430,177	6
4305060	Florida Health Information Network	\$7,700,000		\$7,700,000	7
36321C0	Quality Indicator Survey Process		\$298,790	\$298,790	8
36350C0	Florida Regulatory Administration Enforcement System (FRAES) Enhancements		\$109,000	\$109,000	9
	<b>Total</b>	<b>\$4,860,626,222</b>	<b>\$11,771,084,030</b>	<b>\$16,631,710,252</b>	





# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

**Behavioral Health Managed Care Staff Increase      3 FTE      \$244,739**

- ❖ Requests three (3) full time positions and \$244,739 in funding to serve as contract managers for the Prepaid Mental Health Plans (PMHP) for the Medicaid Program.
- ❖ The 2003 Legislature required the Prepaid Mental Health Plans to expand from two pilot areas to statewide. In fiscal year 2006-07 Medicaid received 3 new positions to help support this legislative mandate. These positions have been dedicated to the Agency's largest contracts, the statewide Child Welfare Prepaid Mental Health Plan, and the Area 9 and Area 11 Prepaid Mental Health Plan contracts.
- ❖ The three requested positions will manage five multimillion dollar contracts in Areas 5 and 7, Area 8, and Areas 3 and 4 which total \$80 million. Currently these contracts are being handled by other personal services (OPS) employees.
- ❖ Each position will:
  - Plan, develop and implement policies and procedures for Prepaid Mental Health Plans;
  - Conduct quarterly desk reviews and biannual on-site monitoring reviews;
  - Facilitate the Managed Care Advisory Group meetings in each assigned area quarterly;
  - Maintain contract files;
  - Revise contracts as necessary to comply with state and federal regulations;
  - Receive research, analyze and submit Prepaid Mental Health Plans beneficiary reenrollment and disenrollment;
  - Submit and void capitation payment requests;
  - Review and approve or deny requests for force-payment claims;
  - Monitor vendor's quality improvement activities; and
  - Enforce sanctions and performance improvements activities.

➤ **General Revenue      \$122,369**  
 ➤ **Administrative Trust Fund      \$122,370**



# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

### Medicaid Fiscal Agent Transition

**\$22,253,076**

- ❖ Requests funding for the continuation of the design, development, and implementation plan of the Florida Medicaid Management Information System (FMMIS).
- ❖ FMMIS is a highly complex collection of computer programs and integrated subsystems that Florida has operated through a fiscal agent since 1978. The contract covers maintenance of the system, claims processing and payment, and provider enrollment and reenrollment activities.
- ❖ Florida has operated a decision support system under a separate contract since 1999.
- ❖ The fiscal contract for the FMMIS and the decision support system will end at the same time.
- ❖ The FMMIS system no longer meets the needs of the Medicaid program due to advances in technology over the last 15 years.
- ❖ The federal Centers for Medicare and Medicaid have advised the state it must procure a new FMMIS to ensure continued enhanced matched funding.

➤ <b>General Revenue</b>	<b>\$2,225,308</b>
➤ <b>Administrative Trust Fund</b>	<b>\$20,027,768</b>

# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

### External Quality Review for Medicaid Managed Care \$200,000

- ❖ Requests funding in the amount of \$200,000 for contracted services that provide technical assistance to the Agency and its Managed Care Organizations.
- ❖ Federal legislation requires each state to conduct External Quality Review (EQR) activities for managed care programs.
- ❖ Current contract was written to address conversion of existing plans to Medicaid Reform and covered only minimum expansion.
- ❖ Experience to date has resulted in a larger number of plans responding than projected in the first year with even a larger difference projected in future years.
- ❖ More contracts require more oversight by the EQR organization.
- ❖ Quality care is a major component of Florida's Medicaid Reform. Technical assistance provided by this issue should result in improved quality, efficiency and compliance with the Centers for Medicare and Medicaid Services (CMS) quality standards.
- ❖ Critical to successful transition under Medicaid Reform.
- **General Revenue** **\$50,000**
- **Administrative Trust Fund** **\$150,000**



# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

### Florida Healthy Kids Third Party Administrator Cost **\$5,430,177**

- ❖ Requests funding of \$4,826,634 for a Third Party Administrator (TPA) and \$603,543 for Florida Healthy Kids Corporation for a total of \$5,430,177.
- ❖ In Fiscal Year 2006-07 \$14.6 million was appropriated for contract services (Third Party Administrator) relating to Florida Healthy Kids administration. Of this amount \$13.6 million was derived from an average caseload of 195,867 and a per member per month cost of \$5.82. The remaining \$1 million is non-recurring and was appropriated for marketing and outreach.
- ❖ In addition to the \$14.6 million, \$3.8 million was appropriated to reimburse the Florida Healthy Kids Corporation for collecting premiums, determining eligibility and enrolling children in the Kidcare Program under both Medikids and Children's Medical Services (CMS). The \$3.8 million is derived from a Medikids average caseload of 21,000 and a CMS caseload of 11,292 (total of 32,292) per member per month cost of \$9.90.
- ❖ Based on March 2006 Social Service Estimating Conference 2007-08 Third Party Administrator caseload is projected to increase to 239,979. The per member per month cost for July to January will remain at \$5.82 and from February to June costs are projected to increase by 25% to \$7.27. Additional budget needed will be \$4,826,634.
- ❖ Based on March 2006 Social Service Estimating Conference 2007-08 Medikids and CMS Administration caseload is projected to increase from 32,295 to 33,802. The per member per month cost for July to January will remain at \$9.99 and from February to June costs are projected to increase by 25% to \$12.49. Additional budget needed will be \$603,543.

➤ <b>General Revenue</b>	<b>\$1,570,949</b>
➤ <b>Medical Care Trust Fund</b>	<b>\$3,859,228</b>



# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

### Florida Health Information Network

**\$7,700,000**

- ❖ Requests \$7,700,000 in funding for the Florida Health Information Network (FHIN) Grants Program.
- ❖ This program provides seed money for the funding of health information exchange pilot projects and for technical assistance.
- ❖ The Agency received an appropriation of \$1,531,737 in fiscal year 2005-06 and awarded nine grants.
- ❖ The Agency received an appropriation of \$2,000,000 in fiscal year 2006-07 and awarded seven grants, funded expansion of three existing pilot projects, funded new projects in Pensacola, Jacksonville and Miami and received an additional \$5.2 million in matching funds.
- ❖ Funded pilot projects must include two or more competing provider organizations and the sharing of health information in patient care and public health settings and have matching funds available.
- ❖ The Governor's Health Information Infrastructure Advisory Board's Interim Report recommended that Florida coordinate public sector programs to provide an impetus for network development.
- ❖ The FHIN network should be developed through a public-private partnership.
- ❖ The development of FHIN will improve the efficiency of communications among practitioners providing health care in the public and private sector.
- ❖ Improved communications will reduce delays in the transmission of patient records duplication of efforts, and miscommunications that can result in medical errors or lack of optimal care.
- ❖ FY 2007-08 grants contracts will be executed by July 1, 2007 to be completed by June 30, 2008.

➤ **General Revenue**     **\$7,700,000**  
➤ **Trust Fund**         **\$0**



# Summary of Agency's Legislative Budget Request FY 2007-08

## Agency for Health Care Administration

### Quality Indicator Survey Process

**\$298,790**

- ❖ Requester funding of \$298,790 for the purchase of 173 tablet personal computers to implement the Quality Indicator Survey Process for nursing homes which is a federal program to standardize the nursing home survey process nationally.
- ❖ A Federal agreement between the Centers for Medicare and Medicaid Services (CMS) and the Agency requires the Agency to conduct survey and certification activities related to provider participation in the Medicare and Medicaid programs including nursing home providers.
- ❖ CMS contracted with the University of Colorado to revise the survey process and focus on consistent applications of regulatory standards. Limited pilot studies have been conducted in five states to test the semi-automated process.
- ❖ This process is now ready to be implemented nationally. The Agency has been asked to develop an implementation strategy for and implement the first full state roll out of the new survey process which would become the roll model for the rest of the states.
- ❖ CMS will purchase 20 tablets. The Agency through normal replacement will purchase 41 tablets in 2006-07 leaving 173 tablets to be purchased.
- ❖ The cost for the 173 tablets is projected to be \$385,790 (173 tablets at \$2,230). This cost will be offset by existing replacement budget of \$87,000 leaving the requested budget issue amount of \$298,790.
- ❖ Allows the Agency the ability to meet CMS technical requirements to implement the Quality Indicator Survey Process which will improve national consistency in the nursing home survey process.

➤	<b>General Revenue</b>	<b>\$0</b>
➤	<b>Health Care Trust Fund</b>	<b>\$298,790</b>



# Summary of Agency's Legislative Budget Request FY 2007-08 Agency for Health Care Administration

## Florida Regulatory Survey Process Enforcement System (FRAES) Enhancements **\$109,000**

- ❖ Request funding in the amount of \$109,000 for the Agency's proposed modifications and enhancements to the Florida Regulatory Administration Enforcement System (FRAES) database needed to respond to program efficiencies, service needs and public/provider access.
- ❖ FRAES is used to manage regulation of health care providers including licensure/registration, inspection and enforcement, and complaint resolution.
- ❖ FRAES is a proprietary product. The Agency contracts with the proprietor for the licensed use of the system. Some modifications can be made to the system by the Agency's Information Technology Bureau but changes that involve the source code must be made by the proprietor.

### Specific enhancements include:

- \$ 6,600 to allow on screen overview/summary information regarding regulated providers
- \$11,880 to add functionality to the enforcement screen to separate consumer complaints from legal complaints
- \$ 7,920 to create a link to enforcement module from licensure work menu
- \$11,880 to enhance field security to restrict format of entries such as phone numbers and dates in order to reduce data entry errors
- \$ 3,960 to remove case sensitivity of search fields
- \$ 7,920 to enhance security of restricted fields
- \$13,200 to calculate late fees based on a formula
- \$ 5,280 inactive features no longer utilized
- \$ 3,960 place modifiers in alphabetical order to enhance ease of use
- \$13,200 for the ability to change licensee status/rank upon application withdrawal
- \$10,000 to transmit license fee information to Aspire
- \$13,200 to generate renewal letters with the batch scheduler without creating renewal transactions

- **General Revenue** **\$0**
- **Health Care Trust Fund** **\$109,000**



# **DCF Budget Recommendations**

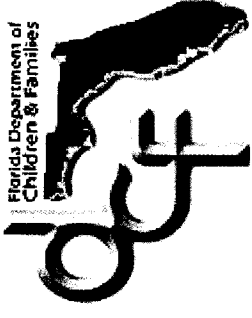
**Melissa Jaacks**

**Assistant Secretary for Administration**





**Charlie Crist, Governor**  
**Robert A. Butterworth, Secretary**



# **Legislative Budget Request**

## **Fiscal Year 2007-2008**

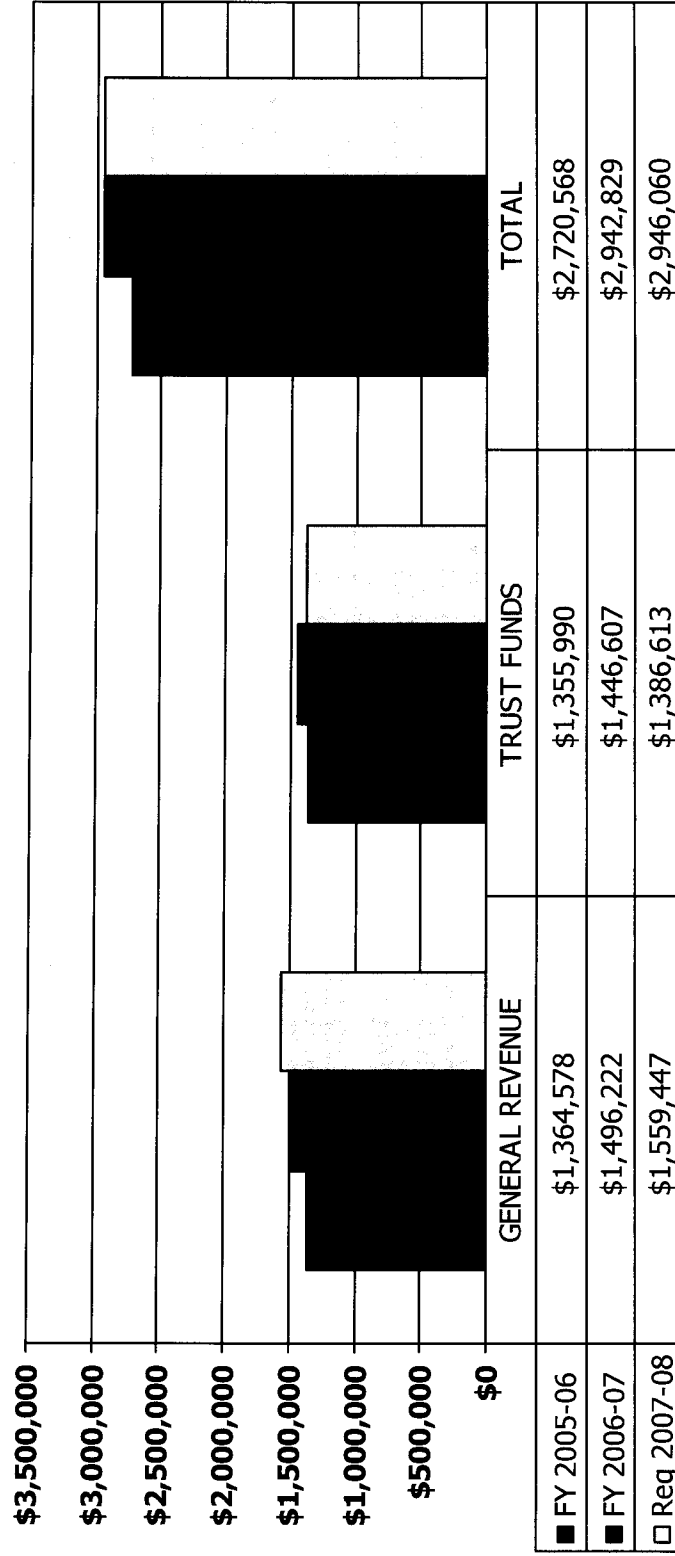
**House Healthcare Council**

*Presented by*  
**Melissa P. Jaacks, CPA**  
*Assistant Secretary for Administration*  
**January 23, 2007**

**Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,  
and Advance Personal and Family Recovery and Resiliency.**



# DCF Budget Request for FY 2007-08 (\$ in thousands)



**Total Increase Over FY 06-07 \$ 3,230,614**



# Mental Health Request Detail

## Eliminate Forensic Bed Waiting List

We are working closely with the Governor's office on this critical issue to eliminate any future waitlist in excess of statutory requirements.

This issue will include:

- Annualization of new beds approved at the January 10, 2007 emergency Legislative Budget Commission;
- Sufficient community services to reduce future need for beds;
- Additional community and/or forensic beds to meet projected need.



# Mental Health Request Detail

<p><b>Reduce Juvenile Incompetent To Proceed Waitlist</b></p> <ul style="list-style-type: none"> <li>Provides capacity to treat and train 56 additional juveniles waiting for competency restoration services in community outpatient settings.</li> </ul>	<p><b>\$359,996</b></p>
<p><b>Increase Capacity Of The Violent Sexual Predator Program</b></p> <ul style="list-style-type: none"> <li>Increases screening and evaluation capacity of the Violent Sexual Predator Program to meet statutory requirements</li> <li>Increases residential capacity by 46 beds</li> </ul>	<p><b>\$ 3,721,094</b></p>



# Child Welfare Request Detail

<p><b>Independent Living Workload Increase</b></p> <p>Requests funds to serve all eligible clients in the Independent Living Program in the following areas:</p> <ul style="list-style-type: none"> <li>• Case Coordination for 13 – 17 year olds in foster care to ensure that they have the skills they need to transition to adulthood</li> <li>• Case Management for 18 – 23 year olds who have aged out of foster care and are in need of support to achieve self-sufficiency and lack the natural supports that other young adults have</li> <li>• Direct services such as Subsidized Independent Living, Road to Independence Program, Transitional Support Services and Aftercare Support Services</li> </ul>	<p><b>\$18,653,869</b></p>
<p><b>Florida Safe Families Network</b></p> <p>Requests funds to address the following areas:</p> <ul style="list-style-type: none"> <li>• Support for the systems integrator</li> <li>• Quality assurance and independent and validation contracts</li> <li>• Reimburses participating partners for staff time allocated to Florida Safe Families Network</li> </ul>	<p><b>\$8,672,996</b></p>

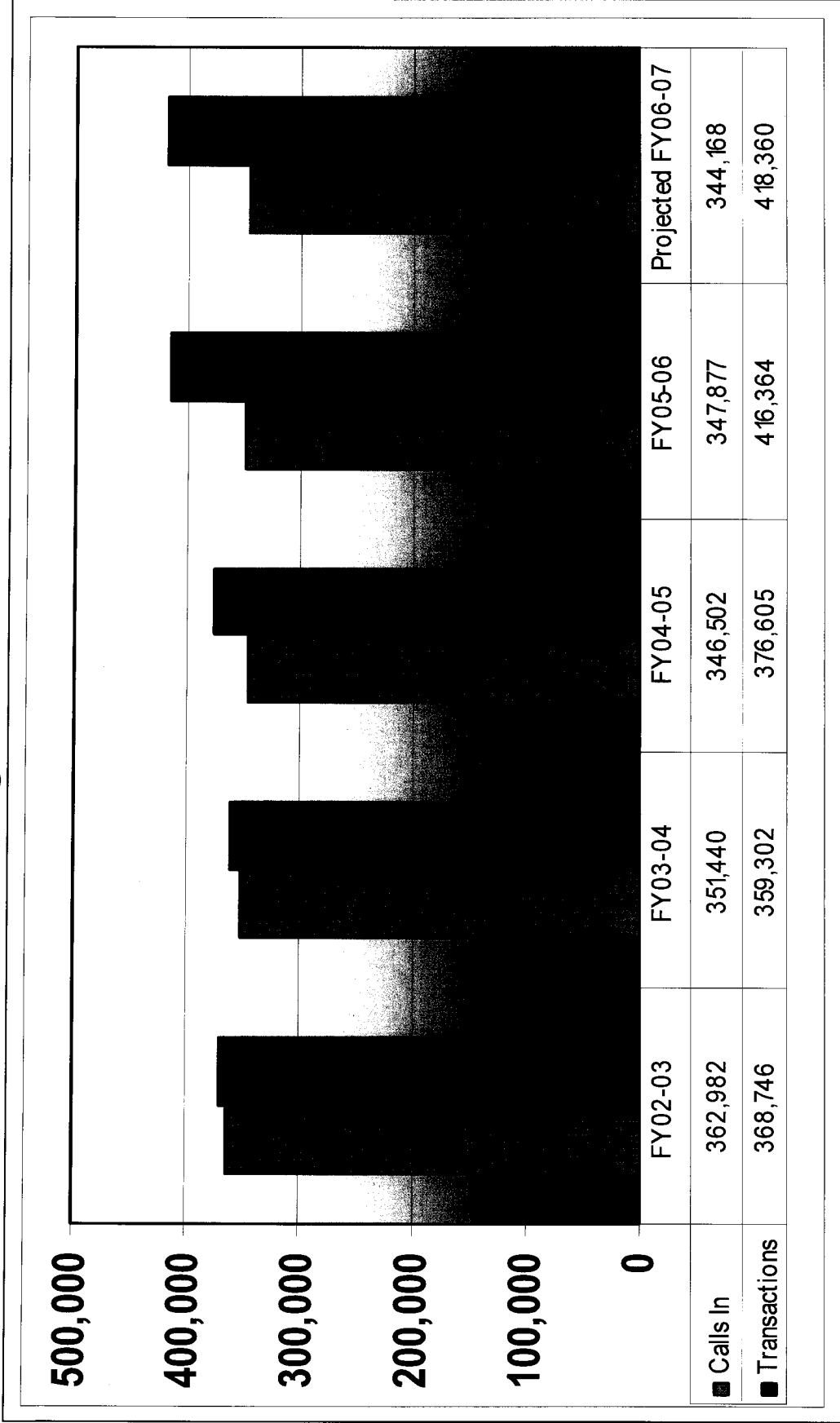


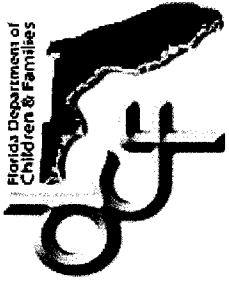
# Child Welfare Request Detail

<p><b>Maintenance Adoption Subsidy</b></p> <ul style="list-style-type: none"> <li>Requests funding to support Maintenance Adoption Subsidies for adoptions anticipated to be completed during fiscal year 2007-08. The request is at the higher average subsidy rate resulting from the foster care board rate increase approved by the 2006 Legislature.</li> </ul>	<p><b>\$3,170,087</b></p>
<p><b>Citrus County Sheriff Implementation</b></p> <ul style="list-style-type: none"> <li>Requests funding of \$1,088,508 to continue transition of the protective investigative function to the Citrus County Sheriff. Note that the total does not include the transfer of \$896,207 from the department.</li> </ul>	<p><b>\$1,088,508</b></p>
<p><b>Florida Abuse Hotline Workload</b></p> <ul style="list-style-type: none"> <li>Requests funding for 26 FTE's for the Call Floor to assist with the increase in abuse reports</li> <li>Requests funding for 17 FTE's for the Crime Intelligence Unit to implement HR 1223 Protecting Our Children from Violence Act of 2005 which allows the Hotline staff to run NCIC criminal history checks for all subjects in a child abuse report.</li> </ul>	<p><b>\$2,150,372</b></p>



# Number of Calls and Transactions by Fiscal Year





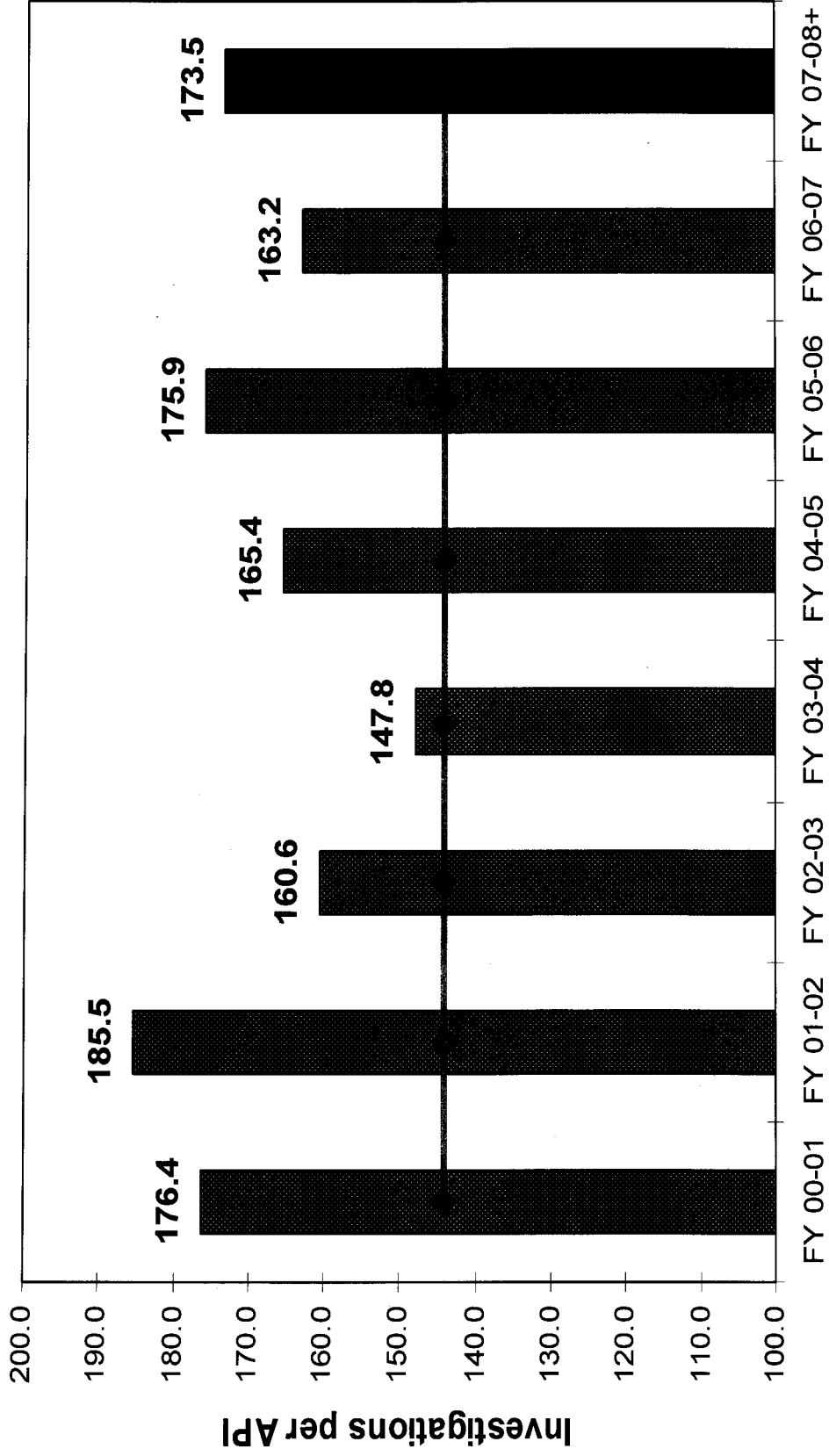
# Adult Protection Request Detail

<b>Adult Protective Investigator Workload Increase</b>	<b>\$2,984,629</b>
<ul style="list-style-type: none"><li>• Adult Protective Investigators serve vulnerable adults and elderly Floridians</li><li>• The number of reports increased almost 20% from fiscal year 2003-2004 to 2005-2006 and is expected to increase another 13% from fiscal year 2005-2006 to 2007-2008</li><li>• National standards recommend workload of no more than 12 investigations per month per employee (or 144 annually). Currently, the Department is at 13.6 per month and will increase to 14.5 per month in 2007-2008 without new positions.</li><li>• Request is for 35 FTE's to achieve ratio of 12.9</li></ul>	





# API Workload Compared to National Standard



# **Discussion of Tobacco Amendment**

**Stephanie Massengale, Budget Chief  
Healthcare Council**

# CONSTITUTION OF THE STATE OF FLORIDA

## ARTICLE X - MISCELLANEOUS

### **SECTION 27. Comprehensive Statewide Tobacco Education And Prevention Program.**

In order to protect people, especially youth, from health hazards of using tobacco, including addictive disorders, cancer, cardiovascular diseases, and lung diseases; and to discourage use of tobacco, particularly among youth, a portion of the money that tobacco companies pay to the State of Florida under the Tobacco Settlement each year shall be used to fund a comprehensive statewide tobacco education and prevention program consistent with recommendations of the U.S. Centers for Disease Control and Prevention (CDC), as follows:

(a) PROGRAM. The money appropriated pursuant to this section shall be used to fund a comprehensive statewide tobacco education and prevention program consistent with the recommendations for effective program components in the 1999 *Best Practices for Comprehensive Tobacco Control Programs* of the CDC, as such *Best Practices* may be amended by the CDC. This program shall include, at a minimum, the following components, and may include additional components that are also contained within the CDC *Best Practices*, as periodically amended, and that are effective at accomplishing the purpose of this section, and that do not undermine the effectiveness of these required minimum components:

(1) an advertising campaign to discourage the use of tobacco and to educate people, especially youth, about the health hazards of tobacco, which shall be designed to be effective at achieving these goals and shall include, but need not be limited to, television, radio, and print advertising, with no limitations on any individual advertising medium utilized; and which shall be funded at a level equivalent to one-third of each total annual appropriation required by this section;

(2) evidence-based curricula and programs to educate youth about tobacco and to discourage their use of it, including, but not limited to, programs that involve youth, educate youth about the health hazards of tobacco, help youth develop skills to refuse tobacco, and demonstrate to youth how to stop using tobacco;

(3) programs of local community-based partnerships that discourage the use of tobacco and work to educate people, especially youth, about the health hazards of tobacco, with an emphasis on programs that involve youth and emphasize the prevention and cessation of tobacco use;

(4) enforcement of laws, regulations, and policies against the sale or other provision of tobacco to minors, and the possession of tobacco by minors; and

(5) publicly-reported annual evaluations to ensure that moneys appropriated pursuant to this section are spent properly, which shall include evaluation of the program's effectiveness in reducing and preventing tobacco use, and annual recommendations for improvements to enhance the program's effectiveness, which are to include comparisons to similar programs proven to be effective in other states, as well as comparisons to CDC *Best Practices*, including amendments thereto.

(b) FUNDING. In every year beginning with the calendar year after voters approve this amendment, the Florida Legislature shall appropriate, for the purpose expressed herein, from the total gross funds that tobacco companies pay to the State of Florida under the Tobacco Settlement, an amount equal to fifteen percent of such funds paid to the State in 2005; and the appropriation required by this section shall be adjusted annually for inflation, using the Consumer Price Index as published by the United States Department of Labor.

(c) DEFINITIONS. "Tobacco" includes, without limitation, tobacco itself and tobacco products that include tobacco and are intended or expected for human use or consumption, including, but not limited to, cigarettes, cigars, pipe tobacco, and smokeless tobacco. The "Tobacco Settlement" means that certain Settlement Agreement dated August 25, 1997, entered into in settlement of the case styled as *State of Florida, et al. v. American Tobacco Company, et al.*, Case No. 95-1466 AH (Fla. 15th Cir. Ct.), as amended by Stipulation of Amendment dated September 11, 1998; and includes any subsequent amendments and successor agreements. "Youth" includes minors and young adults.

(d) EFFECTIVE DATE. This amendment shall become effective immediately upon approval by the voters.

**History.**--Proposed by Initiative Petition filed with the Secretary of State July 20, 2005; adopted 2006.

**Comprehensive Statewide Tobacco Education and Prevention Program**

<b>2005 Tobacco Settlement Payment</b>	385,991,919
<b>FY 2007/2008</b>	57,898,788
<b>FY 2008/2009</b>	59,404,156
<b>FY 2009/2010</b>	60,473,431
<b>Advertising Campaign (one-third)</b>	
<b>FY 2007/2008</b>	19,299,596
<b>FY 2008/2009</b>	19,801,385
<b>FY 2009/2010</b>	20,157,810

DEPARTMENT OF HEALTH  
 TOBACCO PREVENTION AND CESSATION PROGRAM  
 Fiscal Year 2006/2007

	<b>Recurring</b>	<b>Non- Recurring</b>
<b>Community Programs to Reduce Tobacco Use</b>	2,540,000	1,139,000
Provide funding to 39 County Health Departments to establish Tobacco Program Specialists positions to be responsible for local youth and adult evidence based tobacco prevention and cessation initiatives. Funding includes Salary and Fringe, standard expense and OCO package with medium travel, continued funding for the five regional tobacco coordinators for program monitoring, technical assistance and training.		
<b>Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases</b>		
Provide funding to 28 County Health Departments who do not receive funding to establish Tobacco Program Specialists positions. Funding will be used for tobacco prevention and cessation services, strengthening the tobacco component of chronic disease "tobacco, nutrition, physical activity" programs, and travel to tobacco prevention and cessation training events.	-	280,000
Establish asthma prevention pilot projects in one or two County Health Departments	-	50,000
<b>Media (counter-marketing)</b>	-	447,100
Provide funding to counter pro-tobacco influences and increase pro health messages, develop quit line messages that educate the public about the health hazards of second hand smoke and promote prevention and motivate current smokers to quit.		
<b>Cessation Program</b>	-	300,000
Contract with American Cancer Society for Quit Line operation		
<b>Surveillance, Research and Evaluation</b>		
Florida Youth Tobacco Survey	-	250,000
Cessation Quit Line evaluation		20,000
Cell phone tobacco prevalence pilot study		20,000
<b>Administration and Management</b>		
Headquarters staffing includes Youth Advocacy position, OPS Evaluator position, OPS Administrative Assistant, travel, professional development, blackberry and office expenses.	160,000	-
Computers, software and printers	-	18,900
SWAT quarterly Tobacco Prevention Training for Executive Committee and Board of Directors	100,000	-
Tenth Annual Teen Tobacco Summit and Statewide Tobacco Prevention Educational Conference	200,000	-
Staff training in youth and adult tobacco prevention strategies in the areas of tobacco education, prevention, media, and cessation.	-	50,000
Assistance to STRIKE	-	25,000
	<b>3,000,000</b>	<b>2,600,000</b>
Clean Indoor Air Act	111,630	
CHD Tobacco Prevention	704,438	
	<b>3,816,068</b>	<b>2,600,000</b>

# Best Practices for Comprehensive Tobacco Control Programs, August 1999

## Executive Summary

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Tobacco use is the single most preventable cause of death and disease in our society. Most people begin using tobacco in early adolescence, typically by age 16; almost all first use occurs before high school graduation. Annually, tobacco use causes more than 430,000 deaths and costs the Nation approximately \$50–\$73 billion in medical expenses alone. Data from California and Massachusetts have shown that implementing comprehensive tobacco control programs produces substantial reductions in tobacco use.

The goal of comprehensive tobacco control programs is to reduce disease, disability, and death related to tobacco use by

- Preventing the initiation of tobacco use among young people.
- Promoting quitting among young people and adults.
- Eliminating nonsmokers' exposure to environmental tobacco smoke (ETS).
- Identifying and eliminating the disparities related to tobacco use and its effects among different population groups.

In this guidance document, CDC recommends that States establish tobacco control programs that are comprehensive, sustainable, and accountable. This document draws upon “best practices” determined by evidence-based analyses of comprehensive State tobacco control programs. Evidence supporting the programmatic recommendations in this guidance document are of two types. Recommendations for chronic disease programs to reduce the burden of tobacco-related diseases, school programs, cessation programs, enforcement, and counter-marketing program elements are based primarily upon published evidence-based practices. Other program categories rely mainly upon the evidence of the efficacy of the large-scale and sustained efforts of two States (California and Massachusetts) that have been funding comprehensive tobacco prevention and control programs using State tobacco excise taxes.

Based upon this evidence, specific funding ranges and programmatic recommendations are provided. The local analysis of each State's priorities should shape decisions regarding funding allocations for each recommended program component. The funding required for implementing programs will vary depending on state characteristics, such as demographic factors, tobacco use prevalence, and other factors. Although the type of supporting evidence for each of the recommended nine program components differs, evidence supports the implementation of some level of activity in each program area. In general, States typically have selected a funding level around the middle of the recommended ranges. Current allocations range from \$2.50 to over \$10; however, no State is currently implementing all of the recommended program components fully. Approximate annual costs to implement all of the recommended program components have been estimated to range from \$7 to \$20 per capita in smaller States (population under 3 million), \$6 to \$17 per capita in medium-sized

States (population 3 to 7 million), and \$5 to \$16 per capita in larger States (population over 7 million).

The best practices address nine components of comprehensive tobacco control programs:

**I. Community Programs to Reduce Tobacco Use** (Base funding of \$850,000–\$1.2 million per year for State personnel and resources; \$0.70–\$2.00 per capita per year for local governments and organizations).

Local community programs cover a wide range of prevention activities including engaging youth in developing and implementing tobacco control interventions; developing partnerships with local organizations; conducting educational programs for young people, parents, enforcement officials, community and business leaders, health care providers, school personnel, and others; and promoting governmental and voluntary policies to promote clean indoor air, restrict access to tobacco products, provide coverage for treatment, and achieve other policy objectives. In California and Massachusetts, local coalitions and programs have been instrumental in achieving policy and program objectives. Program funding levels range from approximately \$1.00 per capita in California to over \$2.50 per capita in Massachusetts.

**II. Chronic Disease Programs to Reduce the Burden of Tobacco-Related Diseases** (\$2.8 million–\$4.1 million per year).

Even if current tobacco use stopped, the residual burden of disease among past users would cause disease for decades to come. As part of a comprehensive tobacco control program, communities can focus attention directly on tobacco-related diseases both to prevent them and to detect them early. The following are examples of such disease programs and recommended funding levels:

- Cardiovascular disease prevention (\$500,000 for core capacity and \$1–\$1.5 million for a comprehensive program).
- Asthma prevention (base funding of \$200,000–\$300,000 and \$600,000–\$800,000 to support initiatives at the local level).
- Oral health programs (\$400,000–\$700,000).
- Cancer registries (\$75,000–\$300,000).

**III. School Programs** (\$500,000–\$750,000 per year for personnel and resources to support individual school districts; \$4–\$6 per student in grades K–12 for annual awards to school districts).

School program activities include implementing CDC's *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, which call for tobacco-free policies, evidence-based curricula, teacher training, parental involvement, and cessation services; implementing evidence-based curricula identified through CDC's Research to Classroom Project; and linking school-based efforts with local community coalitions and statewide media and educational campaigns. Oregon has developed a new funding model for school programs based upon CDC's guidelines and experience in California and Massachusetts. At an annual funding level of approximately \$1.60 per student, Oregon was able to provide grants to approximately 30% of their school districts. Assuming 100% coverage of school



districts using a funding model similar to the Oregon model, \$4–\$6 per student in grades K–12 should be budgeted.

**IV. Enforcement** (\$150,000–\$300,000 per year for interagency coordination; \$0.43–\$0.80 per capita per year for enforcement programs).

Enforcement of tobacco control policies enhances their efficacy by deterring violators and by sending a message to the public that community leaders believe that these policies are important. The two primary policy areas that require enforcement activity are restrictions on minors' access to tobacco and on smoking in public places. State efforts should be coordinated with Food and Drug Administration (FDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) Federal programs. California and Massachusetts have addressed enforcement issues as part of community program grants. Florida has taken a more centralized approach by using State Alcoholic Beverage Control Officers to conduct compliance checks with locally recruited youth in all regions of the State.

**V. Statewide Programs** (Approximately \$0.40–\$1 per capita per year).

Statewide projects can increase the capacity of local programs by providing technical assistance on evaluating programs, promoting media advocacy, implementing smokefree policies, and reducing minors' access to tobacco. Supporting organizations that have statewide access to racial, ethnic, and diverse communities can help eliminate the disparities in tobacco use among the State's various population groups. Statewide and regional grants to organizations representing cities, business and professional groups, law enforcement, and youth groups inform their membership about tobacco control issues and encourage their participation in local efforts. Both California and Massachusetts have awarded grants to statewide organizations, businesses, and other partners that total about \$0.40 to \$1.00 per capita per year.

**VI. Counter-Marketing** (\$1–\$3 per capita per year).

Counter-marketing attempts to counter pro-tobacco influences and increase pro-health messages and influences throughout a State, region, or local community. Counter-marketing consists of a wide range of efforts, including paid television, radio, billboard, and print counter-advertising at the State and local level; media advocacy and other public relations techniques using such tactics as press releases, local events, and health promotion activities; and efforts to reduce or replace tobacco industry sponsorship and promotions. Counter-marketing activities can promote smoking cessation and decrease the likelihood of initiation. They also can have a powerful influence on public support for tobacco control interventions and set a supportive climate for school and community efforts. Counter-marketing campaigns are a primary activity in all States with comprehensive tobacco control programs. With funding levels ranging from less than \$1.00 per capita up to almost \$3.00 per capita, the campaigns in California, Massachusetts, Arizona, and Florida have been trendsetters in content and production quality.

**VII. Cessation Programs** (\$1 per adult to identify and advise smokers about tobacco use; \$2 per smoker to provide brief counseling; and the cost of a full range of cessation services including pharmaceutical aids, behavioral counseling, and follow up visits (\$137.50 per

served smoker covered by private insurance; \$275 per served smoker covered by publicly financed insurance).

Strategies to help people quit smoking can yield significant health and economic benefits. Effective cessation strategies include brief advice by medical providers, counseling, and pharmacotherapy. In addition, system changes (e.g., tobacco-use screening systems, clinician training, and insurance coverage for proven treatments) are critical to the success of cessation interventions. State action should include establishing population-based treatment programs such as telephone cessation helplines; covering treatment of tobacco use under both public and private insurance; and eliminating cost barriers to treatment for underserved populations, particularly the uninsured. No State currently is fully implementing the Agency for Health Care Policy and Research smoking cessation guidelines. Massachusetts and California are implementing the basic recommended elements. The complete recommended program is being implemented in several large health maintenance organizations around the country.

#### **VIII. Surveillance and Evaluation** (10% of total annual program costs).

A surveillance and evaluation system monitors program accountability for State policymakers and others responsible for fiscal oversight. Surveillance is the monitoring of tobacco-related behaviors, attitudes, and health outcomes at regular intervals of time. Program evaluation efforts build upon surveillance systems by linking statewide and local program efforts to progress in achieving intermediate and primary outcome objectives. Experience in California, Massachusetts, and other States has demonstrated that the standard public health practice guideline of devoting 10% of program resources to surveillance and evaluation is a sound recommendation. State surveillance efforts should be coordinated with Federal tobacco surveillance programs such as SAMHSA's National Household Survey on Drug Abuse.

#### **IX. Administration and Management** (5% of total annual program costs).

An effective tobacco control program requires a strong management structure to facilitate coordination of program components, involvement of multiple State agencies (e.g., health, education, and law enforcement) and levels of local government, and partnership with statewide voluntary health organizations and community groups. In addition, administration and management systems are required to prepare and implement contracts and provide fiscal and program monitoring. Experience in California and Massachusetts has demonstrated that at least 5% of program resources is needed for adequate staffing and management structures.

## **Discussion of Idea #87**

# **Marketplace of Affordable Health Care**

### **Presenters:**

**Robert A. Wychulis, President & CEO  
Florida Association of Health Plans**

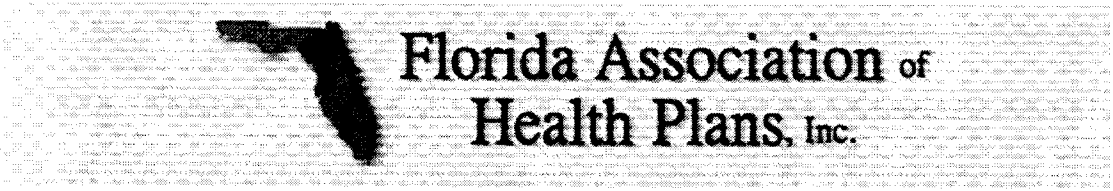
**Jerry Sternstein, President  
Care Access Health Plan**

**Rich Morrison, Florida Hospital  
(Written testimony)**

## Idea 87

**F**lorida should launch a market place of affordable health insurance. This will facilitate comparison and competition among private sector plans that would be exempt from statutory mandates on health insurance coverage. Without mandates, insurers and HMOs will be free to offer innovative coverage plans. For example, niche plans for people with specific conditions featuring disease management services and a limited drug formulary might be offered, or high-deductible plans paired with health savings accounts might be attractive to some consumers. The role of the state would be to offer information, a consistent framework for comparison, and limited choice counseling to consumers. To further jump-start this program, the state could also provide a partial subsidy for a limited number of qualified subscribers. In this way, the state can offer a defined investment in health care coverage in order to improve the public health and reduce uncompensated care.

**M**ore employers should be encouraged to offer coverage to their employees. The state should provide incentives to employers such as eliminating requirements for workers' compensation for employers that offer health and short-term disability insurance.



201 E. Park Avenue \* Tallahassee, Florida 32301 \* [www.fahp.net](http://www.fahp.net) \* (850) 386-2904 \* FAX: (850) 386-3012

(Revised 07/31/06)

## **The Uninsured in Florida: Principles to Follow For Solving the Problems**

**Principle #1 – High health care costs that drive premiums up, coupled with low incomes for many of the uninsured, make affordability of insurance the major issue. Finding ways to reduce health care costs (e.g. quality improvement, health information and price transparency, administrative simplification, elimination of mandates etc.) and assist in making health insurance affordable (e.g. tax incentives) must be part of the solution.**

- Everyone acknowledges that our sophisticated and miraculous health care delivery system will always be expensive. However, there is much room for quality improvement and the resulting cost reductions in all areas of our health care system. Solutions to the uninsured problem must include improvements to quality and patient safety that will lead to lower costs.
- Solutions must also include the reduction in unnecessary regulation that creates complexity, increases cost and provides no benefit to the consumer.
- There should be continued evaluation of the costs and benefits of health care mandates.
- The principles of health information transparency should continue to be supported.
- Healthy lifestyles and wellness behaviors should be encouraged. The Department of Health should focus more of its activities on collaborative partnerships with health plans and providers to promote wellness activities and proven disease specific lifestyle practices.
- Proven, effective and efficient health care management principles such as disease management, prescription drug formularies, medication therapy management and other techniques that have improved patient care and contribute to affordability should be supported.
- The application of Evidence Based Medicine should be encouraged and supported.
- Continue to support the development of electronic health records (EHR) and encourage higher rates for e-submission of claims.
- Much progress has been made in our state in regards to medical malpractice liability. However, we should continue to improve upon the changes we have

already made. Efforts should be focused on continuing to work collaboratively with providers to develop innovative approaches to liability reform.

- In addition, with the use of tax credits (possible use of Florida sales tax) to individuals and businesses, our state can help make insurance more affordable to those with incomes that make the purchase of insurance impossible.

**Principle #2 – There is no one solution for solving the problem of the uninsured in Florida. It will take multiple solutions to address the issue.**

There are 18.5% or 3.2 million Floridians who are uninsured. There is no single reason why this issue exists, no single element of the health care system that caused this issue, and no single solution to resolve the problem. Rather, it will take many initiatives to solve the issue and repeated corrections to the Florida health care system to maintain the solution. It is a societal issue and will take collaboration of all elements of society to solve it.

The attached Profile of Uninsured Floridians, Findings from the 2004 Florida Health Insurance Study (published February 2005) and Research Institute on Social and Economic Policy Healthcare Coverage and Employment Status in Florida: A Report (published June 2006) provide a snapshot of who the uninsured are and some insights into the reasons why they are uninsured.

Some of the findings are:

- A. 18.5% of the uninsured are under the age of 18.
- B. An additional 39% are between the ages of 18 and 34 years of age.
- C. 52% of the uninsured have at least one member of their household employed.
- D. Almost 26% of the uninsured have incomes over 250% of the Federal Poverty Level. 33% have Annual Family Incomes over \$35,000 per year.
- E. 24.5% of uninsured Floridians are self-employed.
- F. 27% of the uninsured in Florida have lacked coverage for less than 1 year.
- G. 34.7% of foreign born Floridians and 46.8% of non-citizens have no health insurance in Florida. Some estimate that 90% of illegal immigrants have no health insurance.

The above examples represent a small sample of the profile that shows how diverse the uninsured are in Florida.

**Principle #3 – Maximize the use of existing public dollars and Florida Medicaid and Kidcare (e.g. Healthy Kids) programs to enroll all Floridians who qualify for these programs.**

Some estimate that 25% of Florida’s uninsured qualify for existing health insurance programs. Outreach has not been uniformly effective across our state or across sub-populations. More work is needed to increase program awareness and understanding among eligible families.

Health plans already play an important role in managing the cost and quality of a portion of the participants in public programs. Health plans can continue to reduce costs and improve quality so that state dollars can be maximized. Health plans can also work with the state to help potential beneficiaries enroll in public programs. Of course, through use of these programs, our state maximizes the use of federal matching funds.

Use local (local health care taxing districts) and federal dollars (e.g. Low Income Pool funding) currently being used to treat the uninsured in secondary and tertiary care settings to follow the uninsured toward purchase of innovative individual, small group and large insurance products that will allow Floridians to access care on preventative and primary care level.

Work with the insurance industry to develop programs that will allow for subsidies to small (and possibly large) employer groups that currently do not have health insurance (or do not offer coverage to all employees, such as part-time employees) and need help to enter the insurance market or expand insurance offerings.

Continue to support the innovative programs, such as the Nursing Home Diversion program, that cut the cost of caring for our elderly in half and, at the same time, improve the quality of life for our seniors.

**Principle #4 – Allow for use of innovative products that can target specific segments of the uninsured market that are employed and/or have incomes that would preclude qualifying for subsidized public programs.**

By allowing health insurers to create products that address the specific needs of subpopulations (e.g. college students) of the uninsured, we can begin to reduce the total number of uninsured in our state.

Some specific examples are:

- Give colleges and universities strong incentives to offer cost effective student health insurance for those who do not have comparable coverage (15.8% of the uninsured are aged 18-24 years old in our state).

- Allow for the development of products geared toward new graduates from colleges and universities (23.2% of the uninsured are aged 25-34 in our state).
- Allow for various types of innovative commercial insurance products (e.g. limited benefit plans) for part-time and contract workers, who are ineligible for traditional company benefits.
- Allow uninsured employees to use their Section 125 FSA plans to purchase coverage with pre-tax dollars.

**Principle #5 – Educate Floridians on the importance of health insurance coverage for themselves and their children.**

As previously discussed, many of our uninsured either qualify for existing insurance programs or can afford health insurance but choose not to purchase coverage.

Again, some of these sub-populations are:

- 18.5% of the uninsured are under the age of 18.
- 39% are between the ages of 18 and 34 years of age.
- 52% of the uninsured have at least one member of their household employed.
- 26% of the uninsured have incomes over 250% of the Federal Poverty Level

Create programs and incentives that both educate and encourage Floridians to purchase health insurance coverage. Develop statewide campaigns in conjunction with health insurers and health care providers that educate Floridians on the importance of having health insurance.

One example would be to use the schools system more effectively to enroll children in existing insurance programs designed for those that are less than 19 years of age. In addition, we could use the school system to assist families in identifying various private market alternatives for their children.

**Conclusion**

The following chart titled: “Matrix of Possible Solutions to Florida Uninsured and Effect on Uninsured Lives” illustrates how by identifying sub-populations of the uninsured and then applying appropriate corrective actions and programs to the sub-populations that we can, on a cumulative basis, begin to reduce the number of uninsured in Florida.

Of course, no set of solutions comes without the issue of how to pay for the cost of insuring the additional lives. We have seen many mechanisms in other states for how to address the financing of eliminating the problem of the uninsured. Obviously, there are no easy answers to this question. However, based on past experience, we do know that any financing mechanism that results in increases to the existing insurance



premiums for the insured population will result in more Floridians that are uninsured due to the formula that includes a direct relationship between affordability and number of uninsured. In addition, we must carefully look at the current system that finances the care to the uninsured at the point where they are ill (frequently acutely ill) and in need of the most expensive part of the health care delivery system.

We know that we must begin somewhere and that a collaborative effort among all stakeholders is essential. We suggest using the above principles as a guideline for use by Rep. Benson's suggested workgroups that would eventually come back together to form a consolidated plan. The three workgroups we recommend are:

**Access Workgroup** – This group would develop strategies and suggest products that could provide access to health care through private and public insurance coverage, and through support of the public health infrastructure. Exploration of the use of tax credits and tax advantaged strategies would be included in this group. Unique benefit designs targeted to the uninsured would also be included.

**Cost Control Workgroup** – This group could begin the exploration into how to reform the regulatory framework to create a more simple administrative system, reduce the high cost of mandates, a discussion of additional medical malpractice reform initiatives, the promotion of wellness and disease management programs, and the use of proven health care delivery management systems.

**Quality Enhancement Workgroup** – This group can explore the use and implementation of evidence based medicine and effective health care practices, patient safety, pay for performance, and evaluation techniques for the existing health care system and proposed changes to the system. Of course, increased health information transparency would be an essential topic for this group as well.

**Matrix of Possible Solutions to Florida Uninsured and Effect on Uninsured Lives  
– For Discussion Only**

<b>Category of Uninsured</b>	<b>Estimated Percent of Uninsured in this category</b>	<b>Proposed Solutions - Examples</b>	<b>Potential Estimated Reduction to Number of Uninsured Lives</b>
Children Under age 18	18.5%	Enroll all those eligible for Medicaid and KidCare Programs. Educate parents on selecting family coverage. Begin programs in schools systems that educate and check for health insurance coverage.	300,000 to 500,000 lives
College Age 18 -24	15.8%	Develop programs with colleges and universities to mandate health insurance coverage and develop products for college age students.	200,000 to 300,000 lives
College Grads 25 – 34	23.2%	Allow for development of innovative products geared toward college grads. Educate young adults on the importance of health insurance.	300,000 to 500,000
Adults age 35 – 44	19.8%	Develop small business subsidy programs that introduce businesses to the insurance market.	200,000 to 400,000
Other Uninsured	22.7%	By addressing quality and affordability, we can reduce other categories of the uninsured with: Use of Evidence Based Medicine to improve quality and reduce cost. Administrative simplification that can reduce cost. Increase use of e-submission of claims and fully implement electronic health records to reduce cost.	250,000 to 500,000
<b>Categories of Uninsured as listed above and potential total estimated insured from changes and programs suggested.</b>	<b>73%</b>		<b>2.2 million lives</b>
<b>Total Uninsured</b>	<b>100%</b>		<b>3 million lives</b>
<b>Total Uninsured that will need other products and programs to address their particular needs.</b>	<b>27%</b>		<b>.8 million lives</b>

## **The Uninsured in Florida: Principles to Follow For Solving the Problems**

**Principle #1 – High health care costs that drive premiums up, coupled with low incomes for many of the uninsured, make affordability of insurance the major issue. Finding ways to reduce health care costs (e.g. quality improvement, health information and price transparency, administrative simplification, elimination of mandates etc.) and assist in making health insurance affordable (e.g. tax incentives) must be part of the solution.**

- There should be continued evaluation of the costs and benefits of health care mandates.**

**Florida Association of Health Plans, Inc.**

*Representing Florida's Health Plans*

# The Uninsured in Florida: Principles to Follow For Solving the Problems

- Principle #2 – There is no one solution for solving the problem of the uninsured in Florida. It will take multiple solutions to address the issue.**
- **18.5% of the uninsured are under the age of 18.**
  - **An additional 39% are between the ages of 18 and 34 years of age.**
  - **52% of the uninsured have at least one member of their household employed.**
  - **Almost 26% of the uninsured have incomes over 250% of the Federal Poverty Level. 33% have Annual Family Incomes over \$35,000 per year.**
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  - **27% of the uninsured in Florida have lacked coverage for less than 1 year.**
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  - ❑ **The above examples represent a small sample of the profile that shows how diverse the uninsured are in Florida**

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## **The Uninsured in Florida: Principles to Follow For Solving the Problems**

**Principle #3 – Maximize the use of existing public dollars and Florida Medicaid and Kidcare (e.g. Healthy Kids) programs to enroll all Floridians who qualify for these programs.**

- Health plans already play an important role in managing the cost and quality of a portion of the participants in public programs. Health plans can continue to reduce costs and improve quality so that state dollars can be maximized. Health plans can also work with the state to help potential beneficiaries enroll in public programs. Of course, through use of these programs, our state maximizes the use of federal matching funds.**

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# The Uninsured in Florida: Principles to Follow For Solving the Problems

**Principle #4 – Allow for use of innovative products that can target specific segments of the uninsured market that are employed and/or have incomes that would preclude qualifying for subsidized public programs.**

- ❑ **By allowing health insurers to create products that address the specific needs of subpopulations (e.g. college students) of the uninsured, we can begin to reduce the total number of uninsured in our state.**
  - **Some specific examples are:**
  - **Give colleges and universities strong incentives to offer cost effective student health insurance for those who do not have comparable coverage (15.8% of the uninsured are aged 18-24 years old in our state).**
  - **Allow for the development of products geared toward new graduates from colleges and universities (23.2% of the uninsured are aged 25-34 in our state).**
  - **Allow for various types of innovative commercial insurance products (e.g. limited benefit plans) for part-time and contract workers, who are ineligible for traditional company benefits.**
  - **Allow uninsured employees to use their Section 125 FSA plans to purchase coverage with pre-tax dollars.**

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## **The Uninsured in Florida: Principles to Follow For Solving the Problems**

**Principle #5 – Educate Floridians on the importance of health insurance coverage for themselves and their children.**

- Create programs and incentives that both educate and encourage Floridians to purchase health insurance coverage. Develop statewide campaigns in conjunction with health insurers and health care providers that educate Floridians on the importance of having health insurance.**

The logo for the Florida Association of Health Plans, Inc. features a stylized map of Florida composed of small dots, with the text "Florida Association of Health Plans, Inc." positioned to the right of the map.

**Florida Association of Health Plans, Inc.**

*Representing Florida's Health Plans*



## QUESTIONS & ANSWERS

Regarding Our  
Limited Benefit  
Health Plan  
Designed to  
Keep you Healthy



*Your Access to  
Affordable Care*

**Finally, an affordable alternative to the rising cost of health care.**



### Care Access Health Plan, Inc.

**Care Access Health Plan, Inc. (CAHP)** is a limited benefit health plan with affordable health care coverage **outside the hospital**. CAHP focuses on preventive medicine and was specifically designed to keep you out of the hospital. Licensed by the State of Florida, Office of Insurance Regulation, the Agency for Health Care Administration, and has received health plan accreditation by the nationally recognized accrediting agency URAC. It is a health plan developed for employers, employees and individuals to respond to their need for affordable, cost-effective, health care coverage previously unavailable for the uninsured and underinsured.

For more information about our limited benefit health plans call our toll free number at:  
**1-877-411-CAHP (2247)**

or visit our website  
and enroll online at:  
**[www.mycareaccess.com](http://www.mycareaccess.com)**

Care Access offers comprehensive preventive care services for Primary and Specialty Physician care, Urgent Care, prescription medication, routine outpatient ambulatory surgery, behavioral health, hearing and vision services, diagnostic treatment, and preventive health care services utilizing a large network of credentialed doctors in Miami-Dade, Broward and Palm Beach counties.

**CAHP is proud to be the first limited benefit health plan to receive the prestigious accreditation award from URAC the nationally recognized independent review agency for quality health care in the Fall of 2005.**

*Your Access to Affordable Care*





## Frequently Asked Questions about Care Access Health Plan, Inc.

**What is a limited benefit health plan?** Care Access' limited benefit or defined benefit health plan is one that gives specific services to its Members. Care Access Health Plan, Inc is a Florida licensed limited benefit health plan that focuses on comprehensive preventive health care to keep you well and out of the hospital. It has hundreds of contracted physicians in Miami-Dade, Broward and Palm Beach counties which is Members use to receive covered medical services.

### **Who is Care Access Health Plan?**

Care Access Health Plan, Inc. was founded by an experienced management team to develop and market a new type of licensed commercial consumer health plan in the three county South Florida market, the health plan offers health care coverage to all ages for comprehensive preventive primary care, specialty care and diagnostic care, ambulatory surgery, prescription drugs, laboratory service, and all forms of diagnostic care. The Company has two Plans it offers, a high and low option.

### **Who is eligible to join Care Access Health Plan?**

Care Access provides comprehensive preventive health care benefits through hundreds of credentialed independent physicians to Individuals, Groups of Individuals, and Groups. It is an ideal health plan for employees, or people who are uninsured due to the high cost; it is available to students, part-time workers, dependents, and those people who have newly arrived from other countries, regardless of immigration status.

### **Can I enroll a child without their parents?**

Yes. Care Access accepts children from birth, with or without their parents.

**What Services are covered by Care Access Health Plan?** Care Access offers a wide range of routine and comprehensive medical services with an emphasis on preventive care. Care Access benefits include Primary Care, Specialty Care, Urgent Care, Diagnostic Services, Ambulatory Surgical Services, Chiropractic Care, Behavioral Care, Hearing and Vision Services, as well as Prescription Drugs. Hospital Services are excluded from Care Access Health Plan, however, supplemental Hospital and Dental Coverage are available from select carriers. For a complete listing of benefits with specific coverage amounts and co-pays, see our Schedule of Benefits or visit our website at: [www.mycareaccess.com](http://www.mycareaccess.com)

**As a limited benefit health plan does Care Access Health Plan offer Hospital Coverage?** No. Although hospital services are excluded under the plan, hospital defined benefit and catastrophic supplemental hospital plans are available through select carriers. Call CAHP at 1-877-411-2247 to inquire about how to contact these carriers.

**Is there a Prescription Drug Benefit?** Yes. Each member can receive up to \$100 per month (\$1,200) per year in prescription drugs. Generic Drug co-pays are as low as \$7. After the \$100 per month maximum is reached the Member receives the Care Access Health Plan discount through the same pharmacy when filling a prescription.

**How can I learn more about Care Access' Drug Formulary?** Each member receives a copy of the Drug Formulary in their new member welcome packet. It can also be downloaded from our website at: [www.mycareaccess.com](http://www.mycareaccess.com)

**Do you need a Social Security Number to Join the Plan?** No. CAHP accepts members regardless of immigration status. Individual coverage is based on an Application and questionnaire. For Groups the process is shortened for Employer participation.

**Does the applicant have to live in South Florida to qualify for Care Access?** Yes. Applicants must reside within our service area, Miami-Dade, Broward and Palm Beach to enroll in Care Access.

**Can an applicant nominate their existing physician to become part of the Plan?** Yes. Simply fill out the provider nomination when you sign up. The Form is on the back of the Provider Directory or download the Form from our website (in the Enrollment section, under other downloads) and submit to Care Access. While we can't promise that a particular physician will choose to join Care Access, and of course, she/he will have to pass our Care Access requirements, we have an open panel and will notify you if she/he signs up to become a provider.

**How do I get Enrollment Materials?** All of our enrollment materials can be downloaded from our website or you can call customer service at: **1-877-411-2247 (CAHP)**



<b>SCHEDULE OF BENEFITS</b> Covered Medical Services when performed by a Contracted Provider	<b>HIGH OPTION \$ Co-Pay</b>		Maximum Annual Contract Benefit: \$25,000 Hospital Services Excluded (Professional and Facility) Pre-existing Condition Limitations may apply Excludes coverage for Medicare eligibles and Age 65+
<b>PCP / Pediatrician</b>	<b>\$10</b>		<ul style="list-style-type: none"> <li>Includes immunizations and vaccines recommended by Advisory Committee on Immunization Practices, American Academy of Pediatrics and the American Academy of Family Physicians; <b>except those</b> related to occupation or travel.</li> </ul>
<b>Allergy Treatment</b> (Injection / testing / therapy)	<b>\$15</b>	R	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist office</li> <li>\$1200. per year maximum benefit (Excludes co-pay, No carry-over)</li> <li>Maximum Plan Payment \$100. per Month (Excludes co-pay, No carry-over)</li> </ul>
<b>Specialists</b>	<b>\$25</b>	R	<ul style="list-style-type: none"> <li>Includes Obstetrician visits for pre/post-natal care. Obstetrical delivery and Hospital care or Birthing Center excluded.</li> </ul>
<b>Mental Health Services</b> (Group or Individual)	<b>\$10/\$25</b>	R	<ul style="list-style-type: none"> <li>20 visits per Contract Year</li> </ul>
<b>Routine Radiology Services</b>	<b>\$15</b>	R	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist office</li> </ul>
<b>High Tech Radiology Services</b>	<b>\$50</b>	R	<ul style="list-style-type: none"> <li>Including but not limited to: Bone Scan, CT Scan, MRI, and Nuclear Medicine</li> </ul>
<b>Laboratory Services</b>	<b>\$0</b>	R	
<b>Home Health Services</b>	<b>\$10</b>	R	<ul style="list-style-type: none"> <li>30 visits per Contract Year limit</li> </ul>
<b>Prescription Drugs</b>			<ul style="list-style-type: none"> <li>\$1200 per year maximum benefit (Excludes co-pay, no carry-over)</li> <li>Maximum Plan Payment: \$100. Per Month (Excludes co-pay, No carry-over)</li> <li>Coverage includes Oral Contraceptive under generic co-pay only</li> <li>Requires a prescription from a contracted provider or as a result of an out-of-area Urgent Care visit and Pharmacist will dispense generic counterpart, unless there is no generic counterpart to the brand name drug formulary.</li> </ul>
	<b>Generic \$7</b>		
	<b>Non-Generic \$25</b>		
<b>Non-Pharmacy Drugs</b>	<b>\$0</b>		<ul style="list-style-type: none"> <li>Injectibles, intravenous medications and any other non-pharmacy drugs and non-pharmacy medications.</li> <li>\$1200. per year maximum benefit. (Excludes co-pay, No carry-over)</li> <li>Maximum Plan Payment \$100. Per Month (Excludes co-pay, No carry-over)</li> <li>Immunizations and vaccines addressed under <i>PCP/Pediatrician</i> above not subject to this maximum benefit.</li> </ul>
<b>Chiropractic Services</b>	<b>\$25</b>		
<b>Ambulatory Surgical Center (ASC)</b>	<b>\$100</b>	R	<ul style="list-style-type: none"> <li>Surgical procedures performed in a contracted ASC are a covered medical benefit</li> <li>Maximum Plan Payment (after co-pay): \$750. Per Episode - excluding physician charges</li> </ul>
<b>Urgent Care Center</b> (Outside the Hospital)	<b>\$25</b>		<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24 - 48 hrs of Urgent Care visit</li> </ul>
<b>Out-of-Area Urgent Care Center</b> (Outside the Hospital)	<b>\$50</b>		<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24 - 48 hrs of Urgent Care visit</li> <li>Rendered outside of the service area by a non-contracted provider</li> <li>Maximum Plan Payment (after co-pay): High Option- \$100. Per Episode / Low Option—\$75. Per Episode</li> </ul>
<b>Eye Examination / Refraction</b> (Optometrist)	<b>\$25</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> </ul>
<b>Vision Services</b> (Glasses or Contacts)	<b>\$0</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> <li>After 6 months of continuous coverage</li> <li>Maximum Plan Payment: High Option- \$100 Per Year / Low Option—\$50. Per Year</li> </ul>
<b>Hearing Services</b>	<b>\$25</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> </ul>
<b>Hearing Aids</b>	<b>\$0</b>		<ul style="list-style-type: none"> <li>After 6 months of continuous coverage</li> <li>Limit 1 every 2 yrs.</li> <li>Adult: Maximum Plan Payment: High Option- \$100. Per Year / Low Option—\$50. Per Year</li> <li>Pediatric: Maximum Plan Payment: High Option- \$200. Per Year / Low Option—\$100. Per Year</li> </ul>
<b>Rehabilitative Services</b> (Physical or Occupational or Speech Therapy)	<b>\$25</b>	R	<ul style="list-style-type: none"> <li>30 visits per Contract Year limit</li> </ul>
<b>Durable Medical Equipment</b>	<b>\$10</b>	R	<ul style="list-style-type: none"> <li>Co-pay is payable upon delivery and subsequently, if monthly maintenance is required.</li> </ul>
		<b>"R"</b>	<b>Requires referral from PCP and / or authorization from Plan's U/M Dept.</b>

<b>SCHEDULE OF BENEFITS</b> Covered Medical Services when performed by a Contracted Provider	<b>LOW OPTION</b> \$ Co-Pay		Maximum Annual Contract Benefit: \$25,000 Hospital Services Excluded (Professional and Facility) Pre-existing Condition Limitations may apply Excludes coverage for Medicare eligibles and Age 65+
<b>PCP / Pediatrician</b>	<b>\$20</b>		<ul style="list-style-type: none"> <li>Includes immunizations and vaccines recommended by Advisory Committee on Immunization Practices, American Academy of Pediatrics and the American Academy of Family Physicians; <b>except those</b> related to occupation or travel.</li> </ul>
<b>Allergy Treatment</b> (Injection / testing / therapy)	<b>\$30</b>	R	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist office</li> <li>\$1200. per year maximum benefit (Excludes co-pay, No carry-over)</li> <li>Maximum Plan Payment \$100. per Month (Excludes co-pay, No carry-over)</li> </ul>
<b>Specialists</b>	<b>\$35</b>	R	<ul style="list-style-type: none"> <li>Includes Obstetrician visits for pre/post-natal care. Obstetrical delivery and Hospital care or Birthing Center excluded.</li> </ul>
<b>Mental Health Services</b> (Group or Individual)	<b>\$20 /\$35</b>	R	<ul style="list-style-type: none"> <li>20 visits per Contract Year</li> </ul>
<b>Routine Radiology Services</b>	<b>\$30</b>	R	<ul style="list-style-type: none"> <li>In addition to office visit co-pay if performed in a PCP or Specialist office</li> </ul>
<b>High Tech Radiology Services</b>	<b>\$100</b>	R	<ul style="list-style-type: none"> <li>Including but not limited to: Bone Scan, CT Scan, MRI, and Nuclear Medicine</li> </ul>
<b>Laboratory Services</b>	<b>\$0</b>	R	
<b>Home Health Services</b>	<b>\$20</b>	R	<ul style="list-style-type: none"> <li>30 visits per Contract Year limit</li> </ul>
<b>Prescription Drugs</b>			<ul style="list-style-type: none"> <li>\$1200 per year maximum benefit (Excludes co-pay, no carry-over)</li> <li>Maximum Plan Payment: \$100. Per Month (Excludes co-pay, no carry-over)</li> <li>Coverage includes Oral Contraceptive under generic co-pay only</li> <li>Requires a prescription from a contracted provider or as a result of an out-of-area Urgent Care visit and Pharmacist will dispense generic counterpart, unless there is no generic counterpart to the brand name drug formulary.</li> </ul>
	<b>Generic</b>	<b>\$15</b>	
	<b>Non-Generic</b>	<b>\$35</b>	
<b>Non-Pharmacy Drugs</b>	<b>\$0</b>		<ul style="list-style-type: none"> <li>Injectibles, intravenous medications and any other non-pharmacy drugs and non-pharmacy medications.</li> <li>\$1200. per year maximum benefit. (Excludes co-pay, No carry-over)</li> <li>Maximum Plan Payment \$100. Per Month (Excludes co-pay, No carry-over)</li> <li>Immunizations and vaccines addressed under <i>PCP/Pediatrician</i> above not subject to this maximum benefit.</li> </ul>
<b>Chiropractic Services</b>	<b>\$35</b>		
<b>Ambulatory Surgical Center (ASC)</b>	<b>\$200</b>	R	<ul style="list-style-type: none"> <li>Surgical procedures performed in a contracted ASC are a covered medical benefit</li> <li>Maximum Plan Payment (after co-pay): \$750. Per Episode -excluding physician charges</li> </ul>
<b>Urgent Care Center</b> (Outside the Hospital)	<b>\$50</b>		<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24 - 48 hrs of Urgent Care visit</li> </ul>
<b>Out-of-Area Urgent Care Center</b> (Outside the Hospital)	<b>\$75</b>		<ul style="list-style-type: none"> <li>Requires notification to the Health Plan within 24 - 48 hrs of Urgent Care visit</li> <li>Rendered outside of the service area by a non-contracted provider</li> <li>Maximum Plan Payment (after co-pay): High Option- \$100. Per Episode / Low Option—\$75. Per Episode</li> </ul>
<b>Eye Examination / Refraction</b> (Optometrist)	<b>\$35</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> </ul>
<b>Vision Services</b> (Glasses or Contacts)	<b>\$0</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> <li>After 6 months of continuous coverage</li> <li>Maximum Plan Payment: High Option- \$100 Per Year / Low Option—\$50. Per Year</li> </ul>
<b>Hearing Services</b>	<b>\$35</b>		<ul style="list-style-type: none"> <li>1 per Contract Year limit</li> </ul>
<b>Hearing Aids</b>	<b>\$0</b>		<ul style="list-style-type: none"> <li>After 6 months of continuous coverage</li> <li>Limit 1 every 2 yrs.</li> <li>Adult: Maximum Plan Payment: High Option- \$100. Per Year / Low Option—\$50. Per Year</li> <li>Pediatric: Maximum Plan Payment: High Option- \$200. Per Year / Low Option—\$100. Per Year</li> </ul>
<b>Rehabilitative Services</b> (Physical or Occupational or Speech Therapy)	<b>\$35</b>	R	<ul style="list-style-type: none"> <li>30 visits per Contract Year limit</li> </ul>
<b>Durable Medical Equipment</b>	<b>\$20</b>	R	<ul style="list-style-type: none"> <li>Co-pay is payable upon delivery and subsequently, if monthly maintenance is required.</li> </ul>
		<b>"R"</b>	<b>Requires referral from PCP and / or authorization from Plan's U/M Dept.</b>

## **Written testimony from Rich Morrison, Florida Hospital**

Mr. Chairman and members of the committee:

Thank you for the opportunity to provide you some thoughts as you begin discussions on affordable health insurance and affordable health care. There is growing pressure for government to do something quickly to address the problem of the uninsured and health care cost. The realities are that it has taken a long time to get to where we are and there is not a simple short term fix. There are, however, some changes that can be initiated that will start to bring more affordable access to the citizens of Florida. The uninsured population is not a constant segment of people. More than one study has shown that people go in and out of coverage during the course of a year. While significant, the percentage of people who are uninsured for greater than a year is not the majority. The problem is that as people go in and out of being covered that lose the benefit of accessing a network with the attendant loss of continuity of care. In effect there is a loss of the investment in the individual. For example assume that a person is in a Medicaid managed care plan. They change jobs and up their income so that they are no longer eligible for Medicaid but their employer does not offer insurance and the person cannot afford a private plan. They are now left to the default option of going to the Hospital ED for their primary and specialty care if they are not enrolled in a Federally Qualified Health Center. At a minimum, the managed care plan or the provider sponsored network that had that individual should be required to continue to provide case management and coordination for some reasonable period of time. This would insure that providers and the patient would not have to start over in the patient's care.

While it will be unpopular with the insurance industry, health care insurers including HMOs and PPOs should be assessed an one half percent surcharge on their premiums.

This money would go into a fund that would be used to help individuals who lose Medicaid eligibility because of increased incomes purchase health insurance.

Alternatively, this money could be used to fund expansion of FQHC and clinics into areas of high rates of uninsured.

There must be a re-definition of a basic health insurance plan. Over time special interests have succeeded in getting their service declared basic and required to be in any plan. The core of what should be covered needs to be re-established and services beyond that core would become realistically priced options.

The State, working with local hospitals and counties should undertake an aggressive expansion of clinics along the lines of Federally Qualified Health Clinics. These clinics operated on a sliding scale fee basis and are can obtain very favorable drug pricing.

These clinics would become the core of regional Provider Sponsored Networks for serving the Medicaid, uninsured and underinsured populations as the system migrates to more extensive insurance coverage.

Hospitals should be given incentives either in the form of graduated relief from the PMATF tax or some degree of sovereign immunity for uninsured patients seen in the emergency departments to institute discounts for the urgent self pay patient with household incomes up to 400% poverty and to fix the maximum financial exposure of these patients to 25% of household income.

The development of Health Savings Accounts has increased the initial affordability of health insurance but creates upward pressure on price long term. There is not any

requirement that the enrollee have reserved the high deductible required by such plans. Hospitals are seeing their real bad debt rise as a result. This results in cost shifting back to the insurance companies. Either the individual HSA needs to be funded or there needs to be a established medical line of credit for the deductible before the plan is issued. Otherwise, there will only be a shifting of greater financial responsibility for health care to the enrollee, who will have no means to meet the obligation. The provider community will be forced to absorb it in the short run.

What cannot be lost in the discussions on health care affordability is the significant problem caused by both Medicare and Medicaid in not paying at cost. Few hospitals recover their cost of care to these patients. To make up for these losses, hospitals turn to aggressive pricing to the insurance market. That as we know is not sustainable. Yet, Medicare will put increasing financial pressure on hospitals as the program is rapidly going broke. It is project to have a zero balance by 2018. In the interim payment will be cut. The State needs to be engaged with the provider community in working with Federal Policy makers to address this. Coherent State policy cannot be effective when 40 to 50% of the market is on a downward financial spiral that at least for now is being approach only by cuts in paying for care.